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# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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VOL. XXII.

JANUARY, 1902.

No. 1.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### FORMALDEHYDE IN THE TREATMENT OF GERMICIDAL DISEASES.\*

BY DR. H. C. HOWARD,  
Champaign, Ill.

In reviewing the use of formaldehyde and its salts in the treatment of germicidal diseases, it is best first to note the action of the formalin gas.

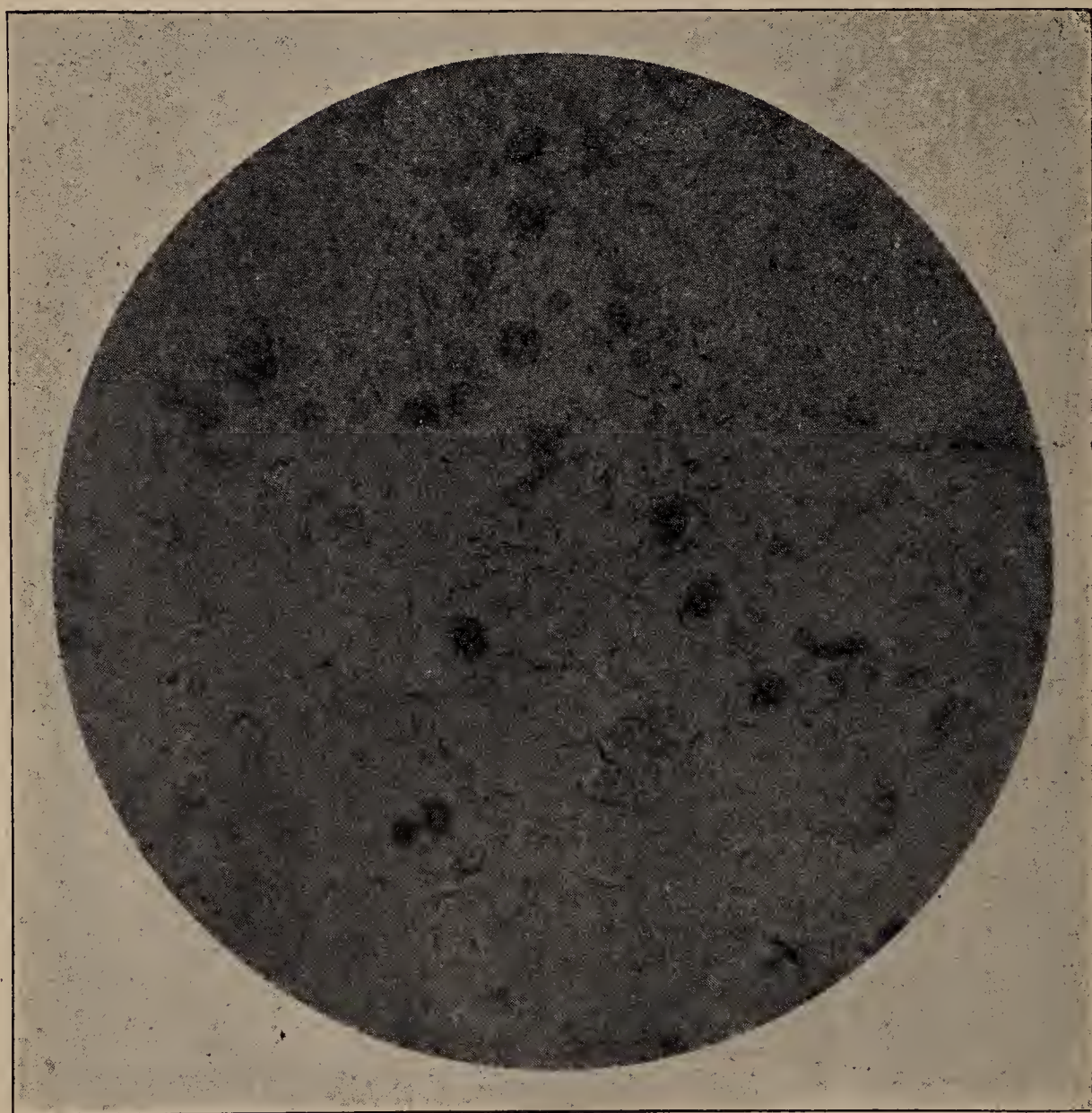
The gas, while a very strong germicide, is a severe local irritant. Its irritating properties is the result of a chemical union of formalin with tissues of the body forming salts of the mucous of its secretions and gelatine of the tissues. It is not admissable internally even in very dilute form, unless combined with a base. When given as a gas, it has the same action, but the salts formed in the air passages continue to act as a germicide in connection with the moisture of the air passages. This action is markedly increased by the addition of ammonia vapor or with alcohol or chloroform or both.

The salts of formalin, such as of gelatine, of sode and of ammonia are all taken readily in the stomach, being nearly tasteless and acceptable to the stomach in nearly all conditions. These salts

\*Read at the meeting of W. R. R. surgeons held at St. Louis Nov., 1901.

are all strong and efficient germicides, that of ammonia after long use has been found to be the best in most cases, and is the one that is now used almost exclusively.

The gas by inhalation is used in scarlet fever and measles and is found to be almost a specific in those diseases. All forms of lamps and various strengths of the solution have been thoroughly tested, the lamp proving to be the best and most satisfactory to the patient. Of the lamps used, the Moffett has proven to be the



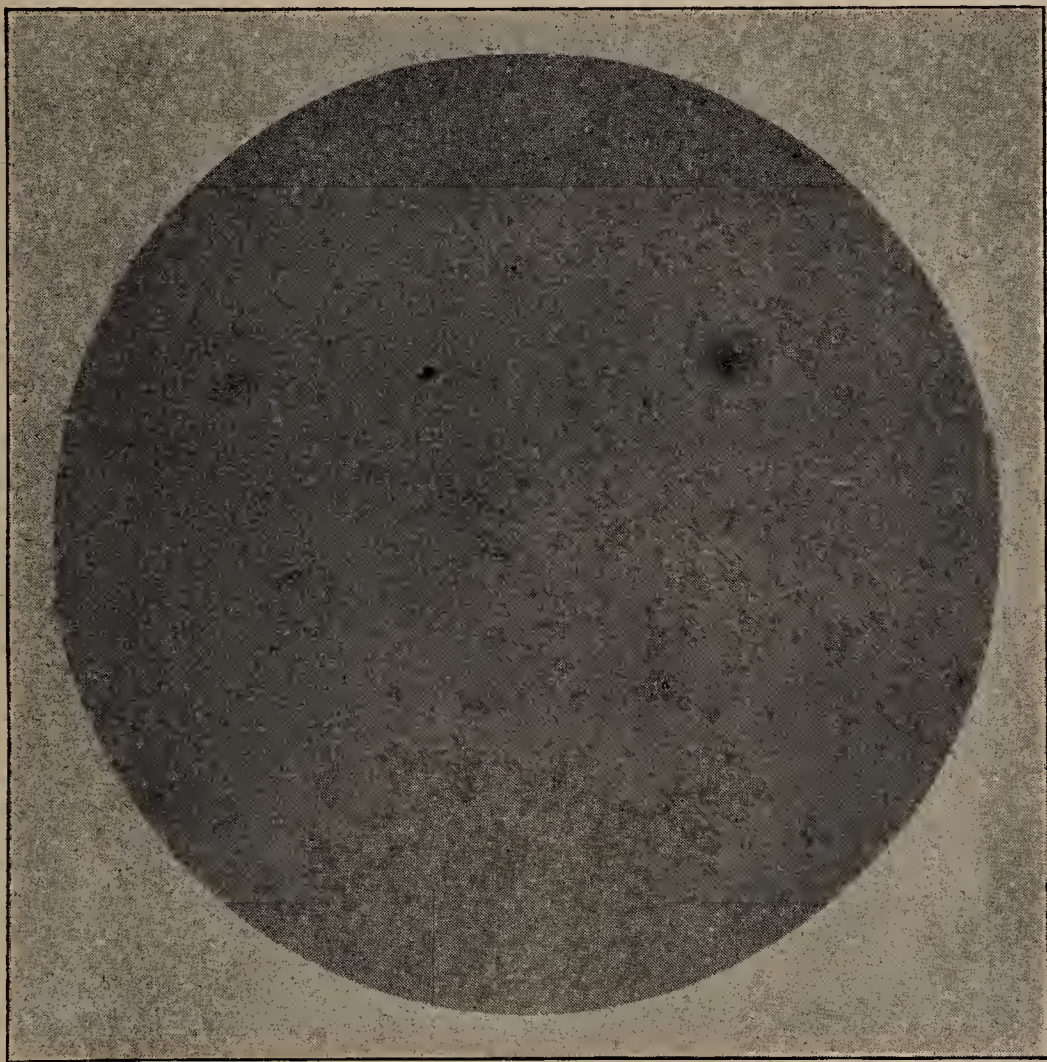
best, although not the most economical. It is not liable to get out of order or explode, it requires little attention and has given perfect satisfaction.

The mode of use is to place the patient in a small bed room, closing the doors, with a lamp burning most of the time. If the gas causes considerable irritation of the eyes and throat, a little aromatic spts. of ammonia will control it, at the same time increase the action. The room should be thoroughly ventilated sev-



eral times during the day, but the gas can be largely regulated to suit the feelings of the patient, the patient usually wishing it much stronger than any healthy person can withstand and often will themselves place the lamp at the side of the bed and lean over, holding their heads over the lamp to get full benefit of the gas, for the comfort and relief it gives them.

This form of treatment should be continued until the rash has disappeared and at frequent intervals until the desquamation



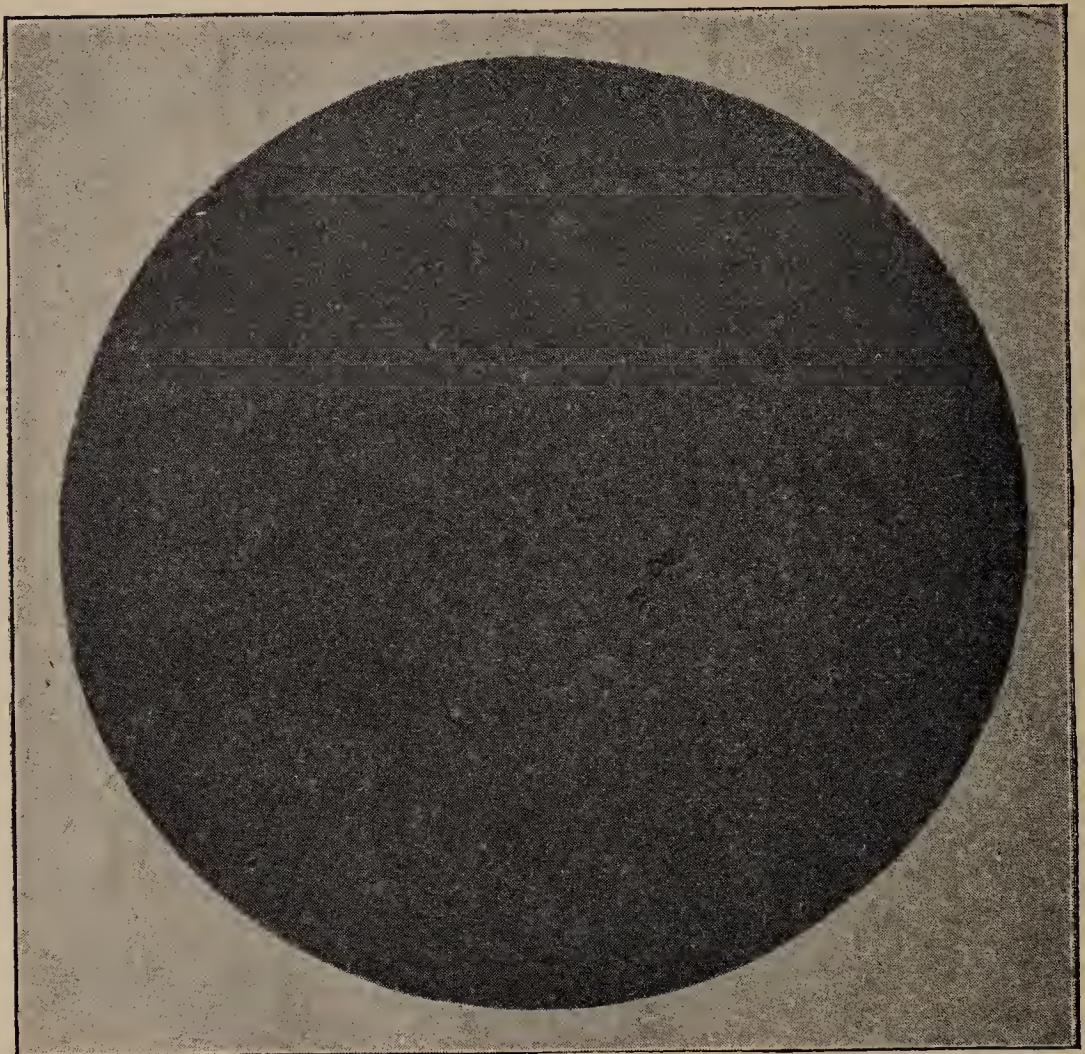
has been fully completed, when full fumigation of the contents of the room may be had with the same lamp.

In a family of children, exposed to the disease, they should be fumigated for an hour morning and evening, for a period of 10 to 12 days, when you may reasonably expect no cases to follow. In fact in the past five years I have not seen a second case in a family when the lamp was properly used, and have had no deaths from the disease during that time.

The ammonia salt, known in the market as urotropin, by Scherring and Glatz, formine by Merck and ainoform by Eishoff, is the salt that is most used by the mouth, in all forms of typhoid, tuberculous or septic trouble. It is almost tasteless, readily ab-



absorbed, passing in the blood as the same salts, passing out through the kidneys in the same condition. In its passage it effectually disinfects the whole intestinal tract. It renders the system wholly immune to the action of tubercular, typhoid and pus bacilli. When the system is fully under its influence, no pathologic germ can exist, pus ceases to form, even in traumatic abscesses or in septic wounds. This state of saturation cannot be long continued, as the salt arrests all bacterial action in the system, when carried



to its full pathologic extent. This is shown by the pulse dropping 10 to 20 below normal, the temperature will go often to 97. This condition is the first indication of toxic effect, but is very readily controlled with stimulants and strychnine, yet there is little danger, as it passes off in a few hours with little help. After bacterial action is once suspended, smaller doses will suffice to keep the patient in an immune condition to the growth of pathologic germs with the full restorative action of normal bacteria of the system.

The salt of gelatine is most applicable to wounds that are liable to become septic from their locality, and in larger cavities that are the receptacle of pus. It is in these cavities that the presence of this salt has its greatest action. A cavity can be thoroughly



washed out and disinfected, then filled with the salt and closed, with the full expectation that it will heal without the further production of germs. In any operation about the rectum, the wound being sprinkled with this salt before closing, can be expected to make a perfect union. I have used an ounce in one cavity, in a tuberculous hip, the cavity healing with very slight attention thereafter.

Case 1.—Master M., age 5 years, was seen in consultation. Had measles, hemorrhagic type, was thought to be in a dying condition. Temperature 105, pulse not countable, respiration very rapid, sputum bloody. Placed the lamp in room with view of disinfecting same. Patient was sleeping quietly within an hour and called for lamp as soon as awakened. Lamp was used constantly for four days when the patient was fully on the road to recovery. No cases followed as the lamp proved to be a perfect disinfectant to not only the patient but to all exposed.

Case 2.—Master S., age 2 years, 6 mo., scarlet fever anginosa. Abscess of the neck developed, was commatose when seen and it was thought by his physician that death would follow in a few hours. Lamp was used and relief followed at once with full recovery in the usual time.

Case 3.—Miss M., age 13 years, was first seen at 9 a. m. of the sixth day of the attack of typhoid fever, had been treated for malarial fever, was found with a temperature of 105½, pulse 140, low muttering delirium, tympanitis extreme, involuntary passages with a sharp scream at each passage, stools about once an hour, dark, watery, offensive, with small dark clots of blood, indicating approaching hemorrhage. Was given 5 gr. of urotropin, with orders to give 2½ gr. every two hours, with quinine, oil and turpentine over the abdomen, and flannel protection. At 6 p. m. was found conscious, had only two passages since morning, continued medicine for the night. At 8 a. m., temperature was 101, pulse 110, one passage during the night, tympanitis much relieved, continued same treatment. This was continued on the fifth day when the temperature being normal the patient was placed on a plain tonic, with liquid diet for a few days, and two doses of the medicine daily. Returned to school on 15th day.

This is a sample of the treatment of 30 cases, all of which were aborted within seven days, returning to normal condition, only weakened with the disease.

Tuberculosis being the disease in which the medicine is most used, I will now give a case or two with exhibits of the microphotographs of sputum taken from cases, the slides being made by Prof. Burrell, of the U. of I.

Mrs. M., age 63, whole family died of the disease, is now in the latter stages, three cavities in the right and two in the left lung, bedfast and has been for weeks. Respiration 30 to 40 per minute. With her consent she was used to test the medicine as to its power to destroy the bacillus and to test its ability to prolong life. Medicine was first used April 29th at which date slides No. 1 in exhibit No. 1 were taken. In five days, slides No. 2 were taken and No. 3, ten days after. The slides tell the result better than words. This woman although in a dying condition, lived under the influence of the medicine until the last of October, when the county became tired of supporting her, she was sent to a hospital where medicine was changed to expectorants, with creasote. In one week she was returned, a corpse.

Mrs. H., age 58, large, stout woman, always well until after an attack of the grippe, which was followed with fibrous infiltration of the left lung, in November. Saw her in May, following, with a severe attack of hemoptysis, that being the fifth attack within a few weeks. The slide No. 1 exhibit No. 2, was taken the day before the hemorrhage, No. 2, five days after commencement of treatment, No. 3, 15 days after. These also speak for themselves. There was a large cavity in the apex of the left lung, with a lymphatic abscess behind the bifurcation of the trachea. This person was last seen quite healthy for a person of her years.

These cases are selected because they are well known to Dr. Burrell and thus giving him an opportunity to be certain of the correctness of his material, not with any view of making a complete cure of the cases, yet one is comparatively a healthy person.

Conclusion.—That the gas, formaldehyde, is by inhalation almost a specific in exanthemous diseases and of much use in tuberculous trouble of the lungs. That the salt of ammonia is the most reliable of all, and acts most kindly in typhus, tuberculous and pus germicidal troubles. It is given in 5 to 10 gr. doses every three to four hours until the full pathologic effect is produced, when the doses are gradually reduced until full recovery. For an inhalant I use the following mix.:



R. Formalin, 2 dr.

Chloroform, 1 dr.

Alcohol, 1½ oz.

Oil Rose Geranium, gtt xx.

This is used from a light glass inhaler or from a large mouth-vial, of which a sample is now shown you. Some other forms of disease might be mentioned, one of which will be spoken of later, but as these give you an insight into its use and a starter, I would ask that you give it a light trial.

Dangers to be avoided. In the use of salt of ammonia in persons much debilitated, I always use small doses of strychnine, with or between each dose, strychnine being almost an antidote to any poisonous action and to all appearances increasing beneficial action. The salt is decomposed in the presence of any pathologic bacteria, giving off the gas, which at once unites with the mucous and fibrous portions that may be present. If none are present it passes off by the breath and by the urine, in both which it can be readily detected with suitable tests. When the bladder becomes irritated by too large doses, or too long continued, a suspension for a time with the free use of strychnia, with diuretic, soon relieves the difficulty. This state is most liable to occur in those cases where there are large quantities of the bacilli of pus in the circulation, and some of the organs are extensively diseased, as in typhoid fever, and the latter stages of tuberculosis, yet this stage in those cases will show a great reduction of the pus germs and will soon show a tolerance of the medicine in diminished doses. In all cases and in all forms of disease in which it is used, the best tonics adapted to each individual case are always used to sustain the person until usual strength is retained, and the medicine is continued until such time as they do show such general condition. In tuberculosis, none so-called expectorants are used, as they only tend to increase the waste and thus retard the recovery of the person. In typhoid trouble the medicine is continued with tonics, until all symptoms of the disease have passed, or until the patient is able to resume his usual occupation. In variola it is used until the vesicles shed off and for some days after. I have now used it in five cases in which none had secondary fever, or were pock marked.

EXCERPT OF A LECTURE ON THE DURA MATER TO  
THE GRADUATING CLASS OF THE INDI-  
ANA MEDICAL COLLEGE.

By DR. WM. B. FLETCHER,

Emeritus Profession of Nervous Diseases in the Indiana Medical College,  
Indianapolis.

The Dura Mater is not usually considered of great importance by the general practitioner as a factor in the causation of disease or even related by symptoms to disease in other parts of the body. Very few of our textbooks treat of this membrane with more than passing notice, its physiological action and its relation to the brain in its development, is rarely mentioned, and but little understood.

The Dura, if spread out before us, including tentorium and falx, is in extent greater than the scalp including the skin of the forehead, and, beside its tense fibrous structure, has all the peculiarities of the periosteum to the under surface of the skull and a serous covering next the brain. Its mechanical and vital principles are wonderful. It holds the brain suspended as it were in a hammock; it forms channels through which nearly all the venous blood is returned from the scalp and brain to the heart; it forms sheaths around all vessels entering the brain at its base, and around nerves making exit through the various foramina. This membrane is not very vascular and it is not rich in lymphatics, but the peculiar arrangements of both in transit from scalp to dural sinuses may account largely for certain toxines entering the skull from scalp wounds.

The nerves of the Dura are from recurrent branches of the fourth and fifth cranial, opthalmic and hypoglossal, and from various branches of the sympathetic. The relation of these nerve roots to the gasserian ganglion direct and from the three great branches of the fifth pair shows what a great sensory surface is presented for our consideration.

Von Helmont and others of his school regarded the dura mater as the seat of sensation. Marshall Hall (1841) was the first to announce that its irritation caused reflex action. In 1872 Dr. John C. Dalton showed that convulsions or contractions followed irritation of the dura upon the same side. These observations have been confirmed by a large number of experimentalists, more particularly by Duret, who injected iodine and other chemical stimulants between the cranium and the dura and produced fracture of



the skull at various points. All of these experiments were upon lower animals—presumably dogs. That the same condition exists in an exaggerated degree when the dura in the human subject is either diseased or injured is recognized by Duret and others. This author, who has written most exhaustively upon the subject, intimates that so much confusion may arise between reflected sense and motion arising from irritation of the dura, as to puzzle the advocates of cerebral localization. He says: "Certain opponents of cerebral localization have adduced these facts to prove that the localized movements, which are determined by the application of the electrodes on the pretended motor centers of the cortex, were in reality due to irritation of these sensory conductors."

So far as the cerebrum is concerned there is little evidence of pain exhibited when irritated by instruments, but the dura will not bear cutting or tearing without the patient crying out unless fully anesthetized.

Having a fair knowledge of the anatomical and physiological arrangement and conditions of the nerves and vessels of the dura it follows that whatever produces pressure upon those nerves produces pain, and pain rarely occurs about the head except from derangements of circulation, tumors, abscesses, thrombi, etc., causing pressure upon the origin or branches of the dural nerves which arise from the cranial nerves mentioned or from the sympathetic branches which accompany them. The bilious and uremic headaches are caused not only by reflex through the sympathetic branches of dural nerves but by the irritation of toxins pouring through the lymphatic and venous channels of the dura mater.

It is true the dura is not considered liable to acute inflammation except from traumatic causes, but I regard it as more liable to this condition than is usually recognized. It may always be suspected when a continued severe headache with a flushed face and prominent frontal and temporal veins, with a temperature above 100 degrees are observed. We always find pathological lesion of this membrane in persons with general paresis of the insane.

In inflammatory rheumatism it is the sub-dural surface that is attacked, and recognized by the severe pain and delirium witnessed in such cases. In fact, in certain rheumatic subjects it is the only serous surface attacked. It is the same in the headache of secondary syphilis.

We must not forget too that upon and within the folds of the

dura we have osseous deposits varying from sheets or spicula of bone as thin as tissue paper to bones as thick and as hard as the internal table of the cranium itself. I have found several of these in post mortem examinations of demented patients at the Hospital for Insane. Some of the osteophytes were two inches wide and three long; they were usually found in the falx cerebri. In all of them there was a history of head pain—for years—and increasing as time passed by until mentality and motion were nearly abolished.

A curious thing has been observed and recorded regarding the frequency of osteophytes found after death in pregnant women who have died suddenly in from the third to the sixth month of pregnancy.

In the treatment of diseases of the dura, not traumatic, we have to recognize that most of the pain manifest there may be associated with pressure at the origin of the nerves, as a carious tooth, an inflammation of the external ear, and not to forget the remote origin of pains in the head. Next we must look out for tubercle, syphilis, rheumatic, and other direct causes which produce pressure. The constitution of the individual is important in directing medication; correct errors of living and treat the direct cause of the disease as you would if it were lodged in any other large fibrous serous membrane.

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## *SOCIETY PROCEEDINGS.*

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### NORTHWESTERN TRI-STATE MEDICAL ASSOCIATION.

The semi-annual meeting of this association will be held in Toledo, O., on Tuesday, January 28, 1902. The program as yet has not been issued but we are assured by the secretary, Dr. H. D. Wood, of Angola, that a very large number of interesting papers by the prominent members of the society have been promised. Those who attend the meeting can expect a program of scientific interest, and a cordial welcome on behalf of the Toledo fraternity which has a reputation for sumptuous hospitality.



## THE INDIANA STATE MEDICAL SOCIETY.

The annual meeting of the Indiana State Medical Society is to be held at Evansville, Ind., on Thursday and Friday, May 22 and 23, 1902. The general sessions of the Society will be held in the W. M. C. A. building which is especially well suited for that purpose. The principal address of the meeting, aside from that of President Brayton, will be delivered by Dr. Victor C. Vaughn, of the University of Michigan. All papers are to be read in general session, the plan of dividing the meeting into sections having been discouraged. The local medical fraternity of Evansville are preparing to give the visitors a very cordial reception, and we are reliably informed that the social features of the meeting will be well taken care of, though not to the detriment of scientific interests which really bring the members together. Reduced rates from every part of the State will be granted upon the certificate plan, and the members are particularly requested to secure certificates from ticket agents at the time railroad tickets are purchased. The return trip will be made at one-third rate.

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## NORTH WESTERN OHIO MEDICAL ASSOCIATION.

The fifty-seventh meeting of this Association was held at Lima, Ohio, on Thursday and Friday, Dec. 12 and 13, 1901. The meeting was very largely attended by physicians from northern Ohio and northern Indiana, and a program of unusual excellence presented. The following papers were read and thoroughly discussed: "Typhoid Fever," by Dr. A. S. Rudy, Lima; "Lumbago," by Dr. J. H. Heilman, Waynesfield; "Headache," by Dr. N. L. McLachlan, Findlay; "Professional Life," by Dr. J. A. Kimmel, Findlay; "Some New Drugs," by Dr. C. W. Moots, Delphos; "The Water Supply of our Cities," by Dr. W. C. Chapman, Toledo; "What is Our Plain Duty in Desperate Injuries—Report of Cases," by Dr. Frank D. Bain, Kenton; "Malignant Diseases of the Mammary Gland," by Dr. W. J. Gillette, Toledo; "Medical Journals," by Dr. G. A. Collamore, Toledo; "The Practical Aspects of the Treatment of Uterine Carcinoma and its relation to the Diagnosis Thereof," by Dr. J. H. Jacobson, Toledo; "Inguinal Hernia and Its Surgical Treatment," by Dr. J. H. Huntley, Lima; "Some Points in the Differential Diagnosis of Pelvic and Abdominal Diseases," by Dr. Rufus B. Hail, Cincinnati; "A Case of Brain Tumor

with Successful Localization, Operation and Recovery.—Drs. G. W. McCaskey and Miles F. Porter, Fort Wayne, Ind.; “Achylæa Gastrica with Report of a Case,” by Dr. E. J. Greenfield, Toledo; “Brain Complications in Ear Disease,” by Dr. F. G. Stueber, Lima; “Report of Case of Gun Shot Wound of the Head,” by Dr. H. B. Gibson, Tiffin.

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### ALLEN COUNTY MEDICAL SOCIETY.

A regular meeting of the Allen County Medical Society was held in the assembly room of the court house on Tuesday evening, Dec. 10. The president announced that Dr. J. B. Murphy of Chicago, would deliver the principal address at the annual meeting on Dec. 23, the subject being “Surgery of the Biliary Passages.” The committee on banquet reported that they had concluded arrangements for the banquet, to be given at the Aveline hotel.

Dr. Greenewalt presented a paper upon “The History of Therapy, Past and Present.” The paper dealt largely with the various theories of medicine that have prevailed from a period 600 years before Christ down to the present time. Attention was called to the fact that at the present time we are reverting back to some of the forms of treatment advocated many years ago. This is taken as evidence that with our present enlightenment we are beginning to appreciate the work of the scientific men who lived before our time. Poly-pharmacy, and a tendency to depend upon drugs as a specific in the treatment of disease, was condemned, as was also the habit of many physicians to not distinguish a difference in the character of the same disease as found in different individuals or at different times in the same individual.

In the discussion of the paper by Drs. Whery, Bulson, Porter, Buchman, Havice and Stemen, attention was called to the dangers which threaten the medical profession at the present time, that of paying too much attention to the findings in the bacteriological laboratory and not enough attention to the symptoms as exhibited by the patient in the sick chamber. It was thought that the bacteriological and chemical examination of the blood, the sputum, the feces, the urine, and all excreta from the body served a valuable purpose in assisting us to more intelligently treat our patient; but the tendency of the times to depend solely upon laboratory findings could not but end, in the majority of instances, in failure to do



the best for our patients. Mention was also made of the fact that too little attention is paid to ordinary physiological rules in the treatment of disease. It was asserted that proper regulation of the diet, exercise and rest would produce curative results in a very large percentage of cases in which drugs have failed to relieve. Blood-letting was mentioned as a procedure, at one time very much abused, but at the present time not employed sufficiently often.

Following Dr. Greenewalt's paper Dr. Sweringen presented a patient, giving the history of possible syphilitic infection several years before, who had developed within the past year double ptosis, partial paralysis of the ocular muscles; partial paralysis of the third nerve, absence of the knee and several other reflexes, moderate incoordination in movement, and slight motor disturbance. Upon examination of the patient by several of the members of the society, a difference of opinion existed as to whether the symptoms present were really a manifestation of tabes, as classically known, or due to the pressure of gummatous deposits which might become absorbed under treatment, with a lessening of all of the symptoms. Prognosis was considered doubtful under the circumstances, but would be made clear following the administration of potassium iodide to the point of tolerance.

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The annual meeting of the Allen County Medical Society was held in the Assembly Room of the Court House on the evening of December 23, about 150 members and visitors being present. The annual election resulted as follows: President, Dr. S. H. Havice; Secretary, Dr. E. E. Morgan; Treasurer, Dr. W. P. Whery; Board of Censors, Dr. G. L. Greenawalt, Dr. G. B. M. Bower, Dr. B. Van Sweringen.

Following the election President McOscar announced that unavoidable circumstances had prevented Dr. Murphy, of Chicago, from being present to address the Society as expected, but that Dr. Murphy had very kindly and considerately delegated Dr. W. A. Evans to take his place. Upon being presented Dr. Evans announced that he would speak upon the subject, "The Economic Consideration of Tuberculosis." The address, which was over an hour in length and delivered without notes of any consequence, was one of the most instructive and interesting that the Society has ever had the pleasure of hearing. The speaker mentioned

the number of deaths from tuberculosis in various countries as well as large cities as compared with the deaths from other diseases, and the direct loss as a result of not only the deaths of patients suffering from tuberculosis and the waste of time due to protracted illness but the money loss occasioned by the care and treatment of this great army of sufferers. The various methods of treatment and the various plans outlined for lessening the spread of the disease were fully discussed, and the plea made for not only an early recognition of the disease, but the proper care of all individuals affected with tuberculosis and the adoption of such preventive measures as will effectually curtail the spread of the infection. The speaker concluded the address with a strong plea for the use of tuberculin as a diagnostic agent to assist in the early recognition of the disease. In a series of 100 cases reported, in which tuberculin had been used with a view to determining the presence or absence of reaction in the face of tuberculous lesions, but six negative results were obtained and even some of those were questionable. The speaker's experience, as well as the experience of many of his confreres, warranted the assertion that tuberculin in 95 per cent. of all cases of incipient tuberculosis, as well as in those cases where the disease is well established, will produce a characteristic reaction. So far as known it will produce no reaction in all other conditions except syphilis, and in syphilis the diagnosis is generally plainly evident or can be demonstrated through an anti-syphilitic treatment.

Owing to the lateness of the hour the address was passed without discussion and the members and guests repaired to the Aveline hotel to partake of the annual banquet. Following a menu of nine courses the president called upon various members and guests for toasts, the following responding: Drs. H. Van Sweringen, S. H. Havice, J. S. Boyer, Alice Williams and W. A. Evans.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription, or as a renewal subscription to the Journal-Magazine, between the first of September and the first of January, 1902, we will send for one year, to any address, the *Cosmopolitan Magazine*, the net price for which is one dollar and the *Fort Wayne Medical Journal-Magazine*, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### UNHEALTHFUL CLOTHING.

The *Medical Record*, of Dec. 14, reiterates a complaint from Chicago with reference to the unhealthfulness of cotton and linen undergarments. When either have become damp from perspiration they are virtually air-tight, and a draught striking them converts them into cold storage linings which could not be better designed for pneumonia. A garment of genuine wool takes up the perspiration, and the warmth of the body under it evaporates the moisture.

This is clearly a severe condemnation of the various forms of linen underwear that at the present time are so loudly advocated as healthful garments for all seasons of the year. There is not the

slightest question but that all that has been said against either linen or cotton, and it might also include silk, is true, and the individual who is paying fancy prices for the new style linen mesh underwear is placing himself in a position to unnecessarily endanger life. The superior value of wool as an undergarment has long been established, and it should be the duty of physicians having the best interests of their patients at heart, to advise and encourage the wearing of this material next to the skin in all instances where it can be borne with comfort and without irritation.

A. E. B. Jr.

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#### ADVERTISES CONNECTION WITH ST. LUKE'S HOSPITAL, NILES, MICH.

We have just received a copy of a newspaper published in a nearby Ohio town, containing the printed advertisement announcing that a certain doctor reputed to be a recognized specialist and eminently successful in the treatment and cure of any and all affections which the human body is heir to, will visit Ohio towns on certain days. A conspicuous feature of the advertisement, announced in unusual large type, is the statement that the eminent doctor is the staff physician and surgeon of the St. Luke's hospital, Niles, Mich.

We are aware of the fact that some of our otherwise intelligent and ethical medical friends have been, at a luckless moment, led to invest in diplomas from St. Luke's hospital, Niles, Mich., and have posted the same in conspicuous places about their offices, probably with a view to impressing patients. If these friends have not long before this discovered the fact that they have been effectually swindled, then the knowledge that the quacks and charlatans throughout the country are using diplomas from Niles for advertising purposes, should lead to a general understanding that St. Luke's hospital at Niles, Mich., is a fraud of the rankest description and an encourager of quackery. To our friends who have innocently purchased diplomas at Niles, with the understanding that the diploma simply testified to a hospital appointment, we suggest the propriety if not the necessity of destroying the evidence of the transaction, if a good name is to be preserved. A. E. B., Jr.



## GOVERNMENT INTERVENTION NEEDED.

Our readers have perhaps noticed the advertisement of a certain New York company which promises to restore sight in aged persons and all others without the use of glasses. The advertisement goes on to say that glasses render defective vision chronic and in the end tend to destroy sight. By the use of the device advertised anyone wearing glasses is promised full acuity of vision without the use of glasses.

It is needless to say that hypermetropes may be able to see quite as well without glasses as with glasses while temporarily under strain of accommodation; but presbyopes cannot see at the near point without glasses if the eye previous to the presbyopia has been emmetropic, and to guarantee this class of individuals sight without the use of glasses is to guarantee something that is an impossibility.

The firm advertising this result secures a fee in advance, and then delivers the wonderful device that restores vision. The luckless victim soon discovers that he has been swindled, but is not able to secure punishment of the fraudulent concern owing to the fact that the device is guaranteed to produce all that is promised of it, *if used a sufficient length of time*. To avoid punishment the fraudulent concern need only claim that the device *has not been used long enough*.

The concern is obtaining money under false pretenses, and the United States mails are employed to carry on the deception, thus making Uncle Sam a party to the fraudulent transaction. It occurs to us that the concern carrying on this business is clearly violating the laws and particularly abusing the United States postal laws. An investigation on the part of the postal authorities would probably result in driving the concern out of business and a large number of people would be saved money that is now being thrown away in a vain attempt to restore lost vision not only through presbyopia but through a variety of inflammatory affections.

A. E. B., Jr.

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SMALLPOX PHYSICIANS MUST BE PAID.

County commissioners and officers of municipalities are usually willing to employ physicians to take care of smallpox patients that are dependent upon the county or municipality for support, but are not so anxious to pay a reasonable fee for such services. Any

number of instances might be cited in which smallpox physicians have been refused reasonable and just compensation for services rendered in the care of smallpox cases. In many instances a suit to force payment of fees has ended in victory for the physician, and in added expense to the county or city opposing the action. Mills county, Iowa, has just settled a claim of \$150 from Dr. Chas. H. DeWitt, of Gleenwood, for caring for smallpox cases, but it required legal action to compel settlement. The city of Henderson, Ky., has been ordered by the appellate court to pay Dr. W. W. Walker fees for acting as surgeon in the county pest house during the smallpox epidemic of 1899. Dr. Walker had been compelled to sue to recover on a contract for service at the rate of \$15 per day.

If a physician rendering service to a city or county failed in one particular to live up to his contract he would be sued for the unfaithful performance of the contract, or suffer the loss of any and all remuneration coming to him under the terms of the contract. This is a somewhat righteous exaction which can be expected from officers of towns, cities and counties; but after the services have been properly rendered by the physician the officers, whose duty it is to see that the smallpox sufferers have the necessary medical attention, consider it entirely wrong for the physician to receive reasonable and just remuneration for such services, no matter whether a written contract has been executed or not.

It is high time that physicians learn that services rendered to towns, cities, counties or corporations are but poorly paid for if there is the slightest opportunity afforded for the avoidance of payment of the debt. We are glad to know, however, that many physicians are prepared to enforce their claims, and that as a result of this some cities and counties have been made to feel the necessity of complying with the reasonable demands of physicians for the payment of well earned fees.

A. E. B.,

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### THE PHYSICIAN AS A BUSINESS MAN.

It cannot be doubted that the average physician is a very poor business man. It is a lamentable fact that the careless and indifferent manner in which most physicians look at the ordinary business affairs of life, is responsible to a large extent for the negligence on the part of the general public in the payment of doctors' bills and the consequent failure of the average physician to accumulate



anything more than a varied assortment of debts to be left at his death as a legacy for the family.

Many physicians pride themselves upon the fact that they seldom present bills and are not good bookkeepers. They presume that the public will overlook their lack of business ability in admiration for their indefatigable work along professional lines. Yet, how frequently do we find that such doctors are inconvenienced, if not chagrined, at finding that their own indifferences to business affairs has made their creditors suspicious, and that a reputation for payment of bills is not sufficient to warrant the extension of any considerable credit. How often do we hear of a physician who enjoyed a large and what should have been a lucrative practice during life, leaving at his death nothing for his family to live upon?

It is the rankest folly to presume that the medical man who is careless and indifferent about his accounts is not also careless and indifferent about many other things connected with the practice of his profession. Such a man will invariably fail to have regular office hours, and, if having them, will not keep them as required by any physician who is careful of his own interests. Such a man will invariably fail to keep a record of cases treated and thus miss one of the greatest aids in the successful practice of medicine from the standpoint of knowledge of patients and possibility of doing the best by them.

To be a successful physician in every sense of the word it is not only necessary that a man should be well qualified mentally, morally and physically, but he should be so qualified from a business point of view that he will miss no opportunity to take advantage of those means and measures which facilitate work and which add to the pecuniary income so necessary for his own comfort and convenience as well as for the loved ones depending upon him. Every case under treatment should be duly recorded in a "case book" or, better still, on an index card which has been specially prepared to contain all of the important facts regarding history and course of every case treated. The index system is invaluable to any physician who has become acquainted with its manifold advantages. An accurate journal and ledger should be kept, the items being entered daily and posted promptly. Bills should be rendered monthly as in any other business, and all reasonable effort made to collect over-due accounts. The establishment and observation of regular office hours

is of absolute necessity with every physician, no matter where located. In the majority of instances the office hours will be found to be the most profitable part of practice, and should not be neglected. The regulation of time for visiting patients, for office hours, and for study is not always possible with the very busy general practitioner, yet it is surprising how nearly regular a physician can be in his habits if an effort is made in that direction. In fact it may be well said that the practice of medicine is much like anything else; more and better work will be accomplished by systematizing the work than by following a careless, indifferent and irregular way of conducting affairs. It is the systematic man who is thorough; it is the systematic man who is progressive; it is the systematic man who succeeds.

A. E. B.

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#### UNCLE SAM AFTER MENTAL SCIENCE FRAUDS.

Christian Scientists, from Mrs. Eddy down, are guilty of practicing the rankest deception and fraud, by administering the so-called Christian Science treatment to the sick and suffering, and receiving therefor whatever pecuniary reward can be squeezed from the credulous victim. It remained, however, for Mrs. Helen Wilmans, of Seabreeze, Fla., to carry on the fraudulent scheme on colossal proportions, and be rewarded by securing \$1,000,000, which has been invested in substantial securities. Mrs. Wilmans, who is about 60 years of age, fairly intelligent, shrewd, and crafty, is a high priestess of the Mental Scientists in this country. She left Chicago about 1890, and three years later was located at Atlanta, Ga., where she was practicing mental science, and doing a large business, all persons being attended to by the "absent treatment." Her trickery soon became discovered, and she was obliged to leave Atlanta, finally locating in Seabreeze, Fla., where within the last five years a large tract of land was purchased, and a beautiful and expensive home built, and improvements amounting to nearly \$1,000,000 added. She has been an extensive advertiser, usually in localities far removed from Florida, and has invariably guaranteed to cure all diseases, such as consumption, heart disease, and all other ills, including blindness, deafness, etc. A person writing for information would be told her terms of treatment, which were from five to twenty dollars per month payable in advance. Following the first payment the patients received a long printed circular with directions. In substance the treatment consisted in the



patient going to some secluded spot and centering his or her thoughts upon Mrs. Wilmans at her home in Seabreeze. It was not even necessary that they should know her, but to try to think that she was sending out powerful waves of helpfulness which in the end would result in complete cure.

That the business was exceedingly profitable is evidenced by information from some of her bookkeepers who report that from \$8,000 to \$10,000 per month has regularly been added to Mrs. Wilmans bank account. The size of her mail has required a large number of extra clerks at the postoffice department, and while the government has no objection to anyone receiving a large amount of mail, it is adverse to assisting any individual or company of individuals in defrauding the public. Therefore, when Mrs. Wilmans guaranteed to grow a new set of teeth for an old man of 60, and to also cause a shortleg of a man in New York to grow so that it would be the same length as its fellow, the postoffice department concluded that it was time to make an investigation. The result has been that a fraud order has been issued, and no mail will be delivered to Mrs. Wilmans until after she has received attention at the hands of the United States District Court, where she is cited to appear for trial.

Mrs. Wilmans, with ample means at her command, and a winning personality, has secured the influence of so great a personage as the governor of the state, and one or two U. S. senators, who are working to secure a cancellation of the fraud order and her acquittal from the U. S. Court. The postoffice officials believe, however, that anyone who claims, as Mrs. Wilmans does in one of her books, that her powers are superior to the "grim old reaper," and that the thousands who have thought connection with her, and have the right faith, can live forever, ought to be considered guilty of practicing deception and the recipient of money under false pretences.

The scheme is certainly one of the most gigantic frauds ever operated in America, and it is hoped that Mrs. Wilmans will escape with nothing short of a long state's prison sentence.

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### DOCTORS GARNISHEE TO OBTAIN FEES.

Within the past year several collecting agencies, with offices outside of Indiana, have made the rounds of the business and professional men, buying up long-standing book accounts and other claims against debtors. In some instances the claims have been

sold for as low as 10 cents on the dollar, while in other instances they have been sold for from 50 to 75 cents on the dollar. In most cases the claims have been against railroad men, the wages being garnisheed at some point outside of Indiana, the courts giving judgment for the amount of claim and costs and the railroad company being compelled to hold back the amount from the wages of the debtor.

Quite recently the railroad men, who have been compelled to settle on this plan, have retaliated by having the creditors arrested for sending claims outside of the State for collection in direct violation of the Indiana statutes, and according to news contained in the daily papers we learn that several Fort Wayne physicians have been arraigned for trial on that charge.

While it is perhaps a fact that injustice in some instances results through forced collection of indebtedness due from railroad men, yet it cannot be doubted for a moment that nearly all of the claims are just, and the debtors have long since been classed in the "dead beat" list, which only numbers those who are able to pay but who will not. None of the honest railroad men are annoyed by troubles of this kind, though it is a well known fact that nearly all railroad men have occasion to frequently go in debt.

For the benefit of our medical friends who may desire to secure settlement of old claims against railroad men or others, we wish to give the following information: According to the Indiana laws, no account due a resident of Indiana from a resident of Indiana can be sent out of the state for collection without fine as a penalty, if the matter is taken to court. On the other hand, however, an account may be given to an agency outside of the State, for collection *at the home of the debtor* by any methods that may seem likely to produce satisfactory results.

There are a number of responsible collecting agencies having offices outside of the State, who use very effective methods for collecting "dead beat" accounts, and these agencies are usually able to secure a settlement of from 50 to 75 per cent. more accounts than any local attorney or collecting agency. These agencies, however, effect a settlement of the claim *at the debtor's home*, and not outside the State. When necessary they garnishee wages, and in such a manner effect a settlement of the claim. This procedure, however, does not place the creditor liable to punishment under the Indiana laws, and any debtor who brings suit against a creditor for effect-



ing a settlement on this basis will have his trouble and expense for nothing. It is only the collection of the account outside of the State which makes the creditor liable to punishment under the Indiana laws, which laws, by the way, protect the debtor to such an extent that disregard of obligations to creditors is encouraged.

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### DEAVER ON APPENDICITIS.

John B. Deaver (*New York Medical Journal*, Dec 7), says that the last word upon appendicitis has not been written, for new phases are continually presenting themselves, new lessons being learned and old convictions strengthened. He says that it has been his privilege to operate for appendicitis between three and four hundred times a year for several years past, yet he finds that nearly every case has for him some new lesson in the living pathology of the disease. With each lesson learned as to the course and phases of this protean disease, the deeper is burned into his mind the conviction that the only true conservatism in appendicitis lies in recourse to the aseptic scalpel of the surgeon just as soon as the diagnosis is made. He considers it an established fact that every death from appendicitis in an individual otherwise well, excepting those of the fulminating type, could have been prevented by the use of the knife at the proper time.

Of the first importance is the question of diagnosis, but this in the majority of instances should give but little trouble if the three cardinal symptoms—pain, tenderness and rigidity—be kept in mind. The practice of keeping the patient under observation to see whether the case will become an operative case or not is highly condemned. The only justifiable excuse for delay is uncertainty to seek a council to settle the question as soon as possible. The pathology of appendicitis is that of infection in all its forms, and this fact is important to keep in mind. The kinks, strictures and faecal concretions act as a cause only by retarding drainage and giving the organisms in the appendix a chance to multiply and become virulent. This fact alone explains why surgery is the only sure and conservative form of treatment. Every right thinking medical man must admit that the medical aspect of appendicitis relates to the diagnosis only; therefore, so soon as the diagnosis has been made, the case is no longer medical but surgical. The surgical treatment of appendicitis, which means the administration of the aseptic scalpel of the surgeon at the earliest possible moment.

after the diagnosis has been established, will surely, in by far the greater majority of cases, restore the patient to a condition of health.

Dr. Deaver calls attention to the fact that too many of our teachers have not yet awakened to the fact that students are to be properly taught, and not taught, as they are today in many of our colleges, that there is a medical treatment of appendicitis and, that the so-called appendicular surgeon is too keen to use the scalpel. So long as this teaching prevails so long will many deaths from appendicitis have to be recorded, the responsibility for which must rest upon the shoulders, not of those who are taught, but those who teach.

In conclusion Dr. Deaver says: "Have your cases of appendicitis operated upon at the earliest possible moment. Do not give ear to the remarks in favor of medical treatment, and the statistics that may be offered to strengthen these remarks, but believe, as I do, that statistics are misleading and can be doctored to suit the particular case. The more the writer sees, the more living abdominal cavities he opens in the presence of this disease, the less he knows about appendicitis, except that the sooner the appendix is out the better for the subsequent welfare of the patient. While it has been said that 'a living man with an appendix is better than a dead man without an appendix,' it is also true that a living man without an appendix is better than a dead man with an appendix."

A. E. B. Jr.

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## THE INTERPRETATION AT THE BEDSIDE OF CLINICAL LABORATORY TESTS.

One of the growing tendencies of the times, with serious possibilities of evil results, is the faith placed upon the findings of various laboratory tests which are now commonly employed in connection with clinical work. Especially has it become a practice among the younger men to depend upon laboratory examinations as decisive aids to diagnosis in preference to the well known methods of establishing the nature of the disease by the old fashioned clinical examinations. The dangers of this practice are very forcibly brought out in a paper by Dr. W. G. Thompson, presented at the Practitioner's Society of New York, and ably discussed by some of our more prominent New York clinicians.



Those who place over-confidence in laboratory tests fail to realize two facts; First, that in most cases a laboratory test, the result of which is negative, does not exclude the presence of the disease in question; and second, that in most cases the personal element of the examiner enters into the result just as it does in the case of auscultation and percussion and other ordinary methods of investigation.

In the discussion of the paper the possibility of error in a variety of diseased conditions was mentioned. Dr. Abbe said that while he resorted to the much lauded test-meal in cases of suspected cancer of the stomach, he regarded this measure of comparatively insignificant value. In cases of early carcinoma of the stomach, when we most need its assistance, it fails us, and when the disease has advanced to the point where the clinician recognizes it the condition is usually inoperable except for palliative measures. Increased leucocytosis he regarded as a very valuable aid in the diagnosis of suppurative conditions, but it is secondary in value to the temperature chart. Referring to this latter subject Dr. Janeway said that he had seen many failures result from a single bacteriological examination, and even in very good laboratories, at times, mistakes are made. He recalled a case of post-caecal abscess from a gangrenous appendix which had been positively pronounced typhoid fever by a reliable pathologist who reported that there was no leucocytosis, and that he had obtained a distinct Widal reaction. Dr. Janeway said he had seen three cases of typhoid fever which were mistaken for appendicitis through a leucocytic count and operated on, and had knowledge of other similar mistakes. In malarial conditions the blood examinations often give interesting results, and must be repeated. In one case where the clinical symptoms of malaria were very clear, the parasites were not found in the blood until the fourth and fifth examinations. Dr. Janeway said he could recall four cases where tubercle bacilli were found in the sputum of persons who gave no other evidence of tuberculosis at the time or subsequently. In one case, that of a boy brought to a hospital in an unconscious condition and with a history of fever for some time, the case proved to be one of typhoid fever. Dr. Janeway thought that the search for malarial parasites in the blood should be made by one who is thoroughly competent. He reported a case in which the patient, a woman, developed a high fever after childbirth. A specimen of

her blood was sent to a laboratory, and the pathologist reported that the case was one of malaria. Three days later her physician put in a needle and drew a quart of pus out of the peritoneal cavity. Dr. Peabody said that the Widal reaction in typhoid fever cannot usually be obtained until the end of the third week, and hence it is worthless as a means of early diagnosis. Dr. Starr said that he did not think that there was any necessary relation between neurasthenia and the presence of uric acid in the urine, and he, therefore, placed but little dependence on examinations of the urine for determining the presence or absence of uric acid. A couple of glasses of sherry, or too free indulgence in a meat, acid, or tomato diet, will produce an excess of uric acid, but there may be no increase in the neurasthenic symptoms. Dr. Dana said that he had examined the urine for indican in a routine way for many years but only occasionally had it apparently borne any relation to the condition of the patient.

The opinions of these well known and experienced clinicians are corroborated by evidence from a large number of other progressive and experienced medical men who as yet have not definitely expressed themselves upon the subject, though being possessed of conclusive opinion. The subject is certainly worthy of consideration, and to the younger men who have listened to the emphatic and positive assurances of the pathologist and bacteriologist, we say, do not be led astray. The reliance which you place upon the results of laboratory tests may often be to the detriment of the patient. Do not, on the other hand, ignore the findings of the laboratory, but in all instances consider them in direct connection with the clinical symptoms at the bedside. It must be remembered that the findings of the laboratory when positive are a decided aid in the establishment of a diagnosis, but in all instances we must be able to place absolute reliance upon the competence of the pathologist or bacteriologist. The results of a blood examination when they are positive are of great value, as are also the positive results following an examination of cultures from the throat for the diphtheria bacilli, or of the sputum for tubercle bacilli. But in each instance we must be positive that the bacteriologist is a capable, careful, and conscientious investigator or we are certain to be led astray.

Last, but not least, every student of medicine must remember that clinical symptoms and laboratory findings must go hand in



hand. The coincidence of the two forms a definite opinion, and the absence of one or the other may be either definite or indefinite, but should lead to care and discretion in the diagnosis, prognosis, and treatment of disease. Too much reliance should not be placed upon either one or the other when alone, but both may be made of invaluable assistance if intelligently considered. A. E. B., Jr.

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## NEWS NOTES AND COMMENTS

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AN OLD PRACTITIONER.—Chas. F. Willgohs, of Clinton, O., recently celebrated his ninety-eight birthday, and is still in active medical practice. It is thought that Dr. Willgohs is the oldest practicing physician in the United States.—*Ex.*

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ILLUSTRATED FRACTURES.—Messrs. Battle & Co., of St. Louis, have issued the sixth of the series of colored illustrations showing the more common bone fractures. The illustration just issued pictures very satisfactorily a fracture of the patella. The entire series may be obtained by writing to Battle & Co., at St. Louis.

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FOR EXAMINING BULLETS.—Herbert M. Hill, city chemist and professor of chemistry at the city of Buffalo, and Dr. Herman G. Matzinger, of the New York State Cancer Laboratory, have been awarded \$150 each for examining chemically and bacteriologically the bullets used by the assassin of the late President McKinley.—*Journ. A. M. A.*

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THE UNION OF THE NEW YORK PROFESSION is a consumation long earnestly wished, and judging from the signs, now well nigh accomplished. Both factions are now working to this end and it is hoped and believed that before the Saratoga meeting of the A. M. A. occurs New York will have but one State Medical Society and that one the largest and best in the Union.

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TENT LIFE FOR CONSUMPTIVES.—A sanatorium has recently been established near Denver, where the open air treatment is carried out fully, there being no house at all for the inmates. Each

patient has a roomy tent which cannot be too tightly closed, plenty of warm day and night clothing, and a small stove in which a fire can be lighted in extreme weather.—*Medical Record*.

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LAGER BEER IN ACUTE VOMITING.—Louis Kolipinski, (*Medical News*, Oct. 5th), advises the use of beer in cases of acute vomiting, claiming that the results of its administration are most happy and that an intolerance of it is rarely shown. The best results are obtained in women, and in those who have not the habit of drinking alcohol beverages. Small doses meet with the best results, the author recommending a wineglass repeated in half an hour.

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INFLAMMATION OF THE HANDS CAUSED BY USING FORMALIN AS A DISINFECTANT.—Dr. Chas. P. Noble, in *American Medicine*, Dec. 14, gives an account of a personal experience in the use of formalin as a disinfectant, followed by a violent and inflammatory inflammation of the fingers and tissues underlying the nails. The solution, of normal strength as a disinfectant, was used in preference to bichlorid solution so generally employed for disinfection prior to operative procedures. The case is reported as a noted warning to others.

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VACCINE NOT FROM P. D. & Co.—As a matter of justice to the well known house of Parke Davis & Co., of Detroit, Mich., who produce and place on the market large quantities of vaccine virus, we desire to say, on the faith of positive assurance to us, that not one of the recent tetanus fatalities following vaccination at Camden, Atlantic City, Bristol, Brooklyn, and St. John, succeeded the employment of P. D. & Co.'s vaccine virus. The firm positively asserts that no fatality has ever followed either by coincidence or by cause and effect, the application of vaccine virus or serum bearing the name of Parke, Davis & Co.

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HEROIN IN COUGHS.—For the treatment of coughs accompanying all forms of bronchitis, and particularly in the treatment of the dry, irritative cough of phthisis, nothing acts better than heroin, which is far preferable to the combinations containing the opium derivatives. A preparation that has received the endorsement of Dr. Karl Van Ruck, in the *Journal of Tuberculosis*, is glyco-heroin, prepared by Martin H. Smith Co., of New York. This pre-



paration has also been used with marvelous success in the treatment of whooping cough, and is always useful in chronic bronchitis. Its administration results in checking incessant hacking and paroxysmal coughs, which rob the patient of rest and sleep.

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THE SIGN OF QUACKS.—A distinguishing mark of quacks and cranks is the dubbing themselves with names which indicate an ignorance equally dense of their "specialty," of philology, and of common sense. While not one pair of spectacles out of a hundred that comes from the "eyes-examined-free" optician is properly made or fitted, these mechanics, who, without education, would be doctors, are fostering their own nonsensical delusions by giving themselves bombastic titles such as "Ophthalmologic Specialists," "Ophthalmotricians," "Specialists in Lenses," etc. The newspapers tell us that the recent annual convention of opticians wished to establish "a national college of optomy," but were prevented by "financial reasons."—*American Medicine*.

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PERSISTENCE OF THE DIPHTHERIA BACILLUS IN THE MOUTH.—Dr. Briggs, of the New York Health Department (*Medical Record*) says that the diphtheria bacillus may persist in the mouth for many months following an attack of diphtheria. The health department several years ago decided that the matter of isolating patients living in a private house, after the bacillus had persisted in the throat for a certain length of time, should be left entirely with the attending physician with the proviso that the family should be informed of the possibility of infection, and that the patient should not be permitted to attend a school of any kind as long as bacilli persisted in the throat. There is no possible question that these cases are dangerous sources of infection, and that the severest types of diphtheria may originate from them.

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DISPROVES THEORY OF KOCH.—Miss Emma King, the trained nurse who voluntarily offered herself to be experimented upon by Dr. George D. Barney, of Brooklyn, and was inoculated with tuberculosis bacteria on November 22, has developed a well defined case of the disease and has been removed from New York State to avoid possible interruption of the experiment by the health authorities of New York City. A local newspaper has affidavits of eminent specialists on diseases of the lungs who signed them, not know-

ing the identity of Miss King. They believed that they were dealing with an ordinary case of tuberculosis. Dr. Barney says he will surely cure Miss King. One of the physician's purposes is to disprove Dr. Koch's theory that tuberculosis in cattle cannot be transmitted to humans. He first inoculated a cow and then Miss King from the cow's disease.—*Associated Press*.

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DANDRUFF—ITS LIMITATIONS AND COMPLICATIONS.—In a paper upon this subject in the *Medical Review of Reviews* for November, Dr. Isodore Dyer contends that dandruff is an infectious disease and that its ravages, including baldness, may be checked by proper attention. His experience has been that the disuse of an infected hairbrush, coupled with systematic washing of the scalp from one to two times a week, followed by an application of a three to five per cent. solution of resorcin in bayrum results in an absolute removal of dandruff in from three to six weeks. The first essential of treatment is the universal adoption of individual hairbrushes and combs. It should be generally considered as dirty to brush with a hairbrush of anyone else as it is to use the toothbrush of anyone else. If this rule was followed there would be fewer cases of baldness which today are demonstrated as occurring in 90 per cent. of all cases from seborrhoeic dermatitis of infective origin.

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THE VALUE OF FILTRATION IN LOWERING DEATH RATE.—As an instance of the good effects following the installation of filtration plants and the consequent purifying of the water supply, it is interesting to consider the mortality statistics before and after the installment of filtration plants in some of the large cities and towns in the United States. In Lawrence, Mass., before filtration was established the average number of deaths from typhoid fever was 52 per annum, and after filtration but 13 per annum, a reduction of 75 per cent. In Ashton, Wis., the typhoid statistics were reduced 89 per cent., and at Macon, Ga., 33 per cent. following the establishment of filtration. Albany, N. Y., which boasts of one of the finest filtration plants in the world, has reduced the number of water-borne diseases considerably since the operation of the filtration plant. Sand filtration in every city and town in which it has been given a trial has largely reduced mortality, and the method is undoubtedly the greatest safeguard against typhoid fever that has been introduced.—*N. Y. Med. Rec.*, Dec 7.



GAUZE PACKING IN APPENDICITIS.—Dr. Robert T. Morris, in a paper presented before the Southern Surgical and Gynecological Society, (*Medical Record*) says that gauze packing has killed many cases of appendicitis that otherwise might have recovered as a result of the operative procedures adopted. Gauze packing shocks the patient, lessens his natural resistance, and consequently interferes with his manufacture of phagocytes. Treatment of to-day should avoid interference with the patient's ability to furnish abundant leucocytes. Accessible statistics show us that we do not need to employ gauze packing in our appendicitis work. Almost any appendicitis operation, no matter what the complications, should be completed in from 15 to 30 minutes. Many a patient who is holding finely to his natural resistance at the end of fifteen minutes has lost it at the end of 45 minutes. The best operative work in appendicitis consists in rapid work, small incisions without much exposure or handling of bowel, and thorough asepsis.

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FEEDING IN FEBRILE STATES.—G. CAVALLERO.—*Gazetta Degli Ospedali* (Milan).—October 27.—The conclusions of this long study of the subject are that the same rules that regulate the feeding of patients in acute fevers should apply, although less strictly, to chronic febrile conditions. The food should be adapted to compensate for the exaggerated metabolism, which includes an increased destruction of the organic albumin, due partly to the bacterial intoxication. The products derived from the destruction of albumin, fats and carbohydrates are less completely oxidized than in normal conditions. A febrile patient requires approximately 25 to 30 calories per kilogram of body weight. Of this amount 4 or 5 can be supplied in the form of albumin, 5 or 6 as fats and 16 to 20 as calories, possibly 35 to the kilogram of weight. He has to combat, besides the fever, some suppurative process in most cases. The depressing influence of the bacterial toxins must be counteracted by stimulants, tea, coffee, or alcohol.—*Jour. A. M. A.*

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ANTI-KAMNIA AND HEROIN TABLETS IN PREVALENT GRIPPAL CONDITIONS.—Thos. G. Rainey, M. D., L. R. C. P., resident physician, British Medical Institute, Atlanta, Ga., in a recent article states that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed, to a large ex-

tent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: Asthma, Bronchitis, Laryngitis, Pneumonia, Phthisis, Whooping Cough, Hay Fever, La Grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains five grains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the pain entirely disappeared. In treating the affections enumerated above, the dose is one tablet every two, three or four hours according to indication.

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EVIDENCE OF PROSPERITY.—From the *St. Louis Republic* we clip the following item regarding a well known firm and advertiser in this periodical:

Frank A. Ruf, President and Treasurer of the Antikamnia Chemical Company has just purchased a lot 80x109 feet, on the northwest corner of 22nd and Pine streets, for \$20,000.00 cash, on which his company will begin the erection, early in spring, of a new "Antikamnia Laboratory," five stories high, covering the entire lot. The improvements will cost about \$45,000.00 irrespective of the laboratory apparatus and appliances which will be of most approved pattern, from Darmstadt, Germany. The offices and various departments will be fitted with all modern conveniences, making the whole plant one of the most complete Specialty Laboratories in the United States.

The Antikamnia Chemical Company is one of America's, if not of the world's best known Pharmaceutical concerns and justly so. Energy, enterprise and push, backed by the judicious and liberal use of printers' ink, in keeping their line of preparations in touch with the medical profession, from one end of the universe to the other, have made it so.

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A REMEDY PROPOSED FOR THE EVIL OF SUBSTITUTION.—There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's



being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

Let proceedings for revocation of license be before the court, board, or office, empowered to issue the license, and be set in motion at the relation of either the Board of Health, a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpoenas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty.—*Dr. J. D. Williams, N. Y.*

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KOCH GUILTY OF PLAGIARISM.—In an editorial in the *Medical Record*, of Nov. 23, attention is called to the paper of Prof. J. George Adami, in the *Canadian Journal of Medicine and Surgery*, in which Koch is accused of claiming discoveries as his own which were announced prior to any announcement made by Koch. In discussing this charge of plagiarism to which Koch has so often laid himself open Adami says that in announcing the discovery of tuberculin Koch had not a word to say regarding the observations of other workers who had previously investigated the action of the growth of the tubercle bacilli, among whom are mentioned Crookshank, of London, and Buchner, of Munich. When next he described (and described imperfectly) his method of preparing tuberculin, no credit was given to Roux and Nocard for the discovery that tubercle bacilli would grow in media to which glycerine had been added, glycerinated broth being the medium from which he prepared the tuberculin. When later he gave his observations upon the chemical nature of tuberculin not a word was said about the previous careful observations of Hunter, and of others who had before him reached practically identical results, and indeed had made fuller researches. He has recently claimed credit for the

discovery of the important part played by mosquitos in the propagation of malaria and has refrained from saying a word of due praise concerning the prior observations of Ross, and Italian and yet earlier American workers.

While these facts are well known to those conversant with bacteriological literature it is thought that Koch's power and influence in Germany prevents younger men from making public the facts for fear their careers will be injured, and compels older professional men to remain quiet for fear of accusation that jealousy inspired the disclosures. It is regretted that Koch purposely fails to credit his fellow workers, but it is, nevertheless, a fact and one that should be given publicity, owing to the necessity for justice to those able and faithful investigators who have made discoveries equal in importance to any that have originated from the renowned Koch.

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THE PRESENT POSITION OF THE BACTERIOLOGY OF RHEUMATIC FEVER.—Poynton and Paine in the *British Medical Journal*, September 21, 1901, in discussing again the etiology of rheumatic fever, assume the position that there is no question as to the microbic origin of the diseases. They are of the opinion that in the study of bacteriology of rheumatism sufficient care has not been shown in the selection of cases. They had used only cases of rheumatic fever in childhood in their investigations. By so doing they have materially diminished the possibility of mistaking cases of arthritis deformans, and gout for rheumatism, the risk of which is considerable in adults.

The writers classify the views upon the bacteriology of rheumatic fever under five groups:

1. That rheumatic fever is the result of an infection with a diplococcus. The researches of Von Leyden, Triboulet, Dana, Apert, Wassermann and Malakoff, and Fitz Meyer, as well as their own, have a special bearing on this view.

2. That it is the result of an infection with a specific anaerobic bacillus. Achalme, Thierloix, and several French observers hold that the disease is due to such a bacillus, which is of large size and remarkably variable in its morphological characters. These investigators claim to have found the organism constantly and to have produced the disease experimentally in rabbits.

3. That rheumatic fever is not due to any particular micro-organism, but is a special reaction to varied infections. The



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writers do not think this view is entitled to more than passing mention.

4. That simple uncomplicated rheumatism, which reacts to salicylates, is due to some unknown virus, and the complications are the results of secondary infections, usually with cocci. The writers say that if we take the rheumatic fever of childhood as a type, it is difficult to say which lesions are to be considered as complications, and which as part of the disease itself. They are of the opinion that the so-called complications are due to the same organism as are the joint manifestations.

5. That rheumatism owes its origin to staphylococcal or streptococcal infection; that it is, in fact, an attenuated pyaemia due to pyogenic cocci. This view is advanced and strongly supported by Gustav Singer.—*Amer. Jour. Med. Sciences.*

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ADVANTAGES OF A TRACE OF ALBUMIN.—Osler in *N. Y. Med. Jour.*, emphasizes the importance of basing a judgment less on the urine than on the general condition of the patient, and states that although a trace of albumin and a few tube casts are danger signals, they may be considered advantageous when their discovery causes the patient to restrict his appetite and start to live a rational life. Albuminuria is by no means infrequent in men in the fifth and sixth decades. It is probably the expression of senile changes in the kidneys, the result of arterial degeneration, and is often a renal inadequacy not of vital importance. The points on which one should lay special stress as indicative of serious disease are: (1) Persistent low specific gravity of the urine; (2) the state of the heart and arteries; marked sclerosis of the peripheral arteries, with the apex-beat of the heart outside the nipple line, and a ringing, highly accentuated aortic second sound; (3) the presence of albuminuric retinitis; to reach a decision two conditions have to be carefully differentiated: (1) A primary arteriosclerosis, manifested some times early and common in men who live at high tension, and who eat and drink a great deal; the renal changes are secondary and are expressed by a transitory albuminuria, a not very low specific gravity of the urine, which is not in very large amount; (2) the granular, contracted kidneys; these cases, less common than the arteriosclerotic variety are met with in young persons consecutive to infectious disorders, in gouty individuals and in others with prematurely aged and fibroid kidneys. The cardi-

ovascular changes are much the same as in the arteriosclerotic group; uremic symptoms are more frequent, persistent headache is a notable feature and retinal changes are very much more common.—*American Medicine*.

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DR. SENN'S TOUR OF THE WORLD.—For many years Dr. Nicholas Senn, the famous Chicago surgeon, has been known as an extensive traveler, his vacations being invariably spent in some extensive tour through a foreign country not previously visited by him. He has recently returned from a tour of the world, which has included visits to Hawaii, the Philippine Islands, Japan, China, Siberia, and many of the European countries. A trip through Siberia, was by the new Russian railroad operating from Moscow to Vladivostok, a distance of over 5,000 miles.

At many of the foreign cities Dr. Senn was extended marked attention by medical men who have learned of the great amount of highly scientific work done by the renowned Chicago surgeon. At Tokio, Baron Tomatsuri, a surgeon of the navy, with the rank of Commander, was detailed by the surgeon-general of the navy to attend upon Dr. Senn, and faithfully did he do his duty. Morning and afternoon he was on hand to take the doctor to some new and interesting place, and every facility was afforded for the study of medical and surgical aspects of the capital city of Japan. Among the many pleasing features arranged by Baron Tomatsuri, was a banquet in honor of Dr. Senn, given at the Imperial hotel in Tokio. Forty physicians were present, and on a table in the centre of the room were all the books that Dr. Senn has written except his new "Surgery," which has just been published and not had time to reach Japan. The menu would have done credit to any Parisian chef, and at the top of it, beautifully printed in colors, were entwined the flags of Japan and the United States. The Surgeon-General of the Army, acting as toastmaster, eulogized Prof. Senn for the great work he had done in the advancement of surgery, and emphasized the numerous and valuable contributions he had made to the literature of the profession. Other Japanese notables continued the complimentary speeches, not forgetting to mention the kindly feeling which the Japanese people have for everything that is American. Dr. Senn replied to the several speeches with more than his usual eloquence, reviewing the wonderful progress of Japan in medicine and surgery, gracefully thanked them for the honor



they had done him, and hoped it might be the beginning of a more intimate medical association between the two countries. Dr. D. R. Brower, another famous Chicago physician, accompanied Dr. Senn during his travels, and to him we are indebted for much of the information regarding the experiences in Japan, as related in a letter to the *Journal of the American Medical Association*.

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NORTHERN INDIANA AND OHIO PERSONALS.—Dr. W. A. Weiser, of Bourbon, Ind., took his vacation during the first part of December, spending ten days at Washington and other eastern cities. Dr. Weiser has recently disposed of his drug business at Bourbon and hereafter will devote his entire attention to the practice of medicine.

Dr. H. N. McKee, formerly located at Woodburn, Ind., has removed to Logansport, where he has already built up quite a lucrative practice.

Dr. C. E. Barnett, of Fort Wayne, has returned from an extended hunting trip in the south, and has favored many of his friends with liberal quantities of game as an evidence of his skill as a hunter. Most of the doctor's time was spent in Mississippi.

Dr. M. F. Porter, Fort Wayne, presented a very interesting paper before the Western Gynecological Society at the annual meeting held in Chicago in December.

Dr. R. J. Morgan, of Van Wert, Ohio, has been a frequent visitor in Fort Wayne during the past two months.

Dr. F. M. Hines, of Auburn, Ind., was a visitor in the city late in December, and reports that the damage suit against him for alleged malpractice was decided in his favor. In this case the doctor, as a man of means, was held responsible for the alleged bad result following a surgical operation in which he had no hand except as an assistant.

Dr. Geo. W. McGavern, of Van Wert, O., has recently returned from his quarterly vacation spent in the east. The doctor follows the policy of working hard when he works, but not forgetting the necessity for an occasional rest in order to do justice to himself and his large practice.

Dr. H. D. Wood, of Angola, Ind., is now soliciting papers for the semi-annual meeting of the Northern Tri-State Medical Association, of which he is secretary. The meeting of the Association is to be held in Toledo, January 28.

## THE FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

Dr. H. L. Stemen, of Delphos, O., is in the city taking a six weeks' post graduate course at the Fort Wayne College of Medicine.

Dr. S. H. Havice, Fort Wayne, has recently been elected President of the Allen County Medical Society for the year 1902.

Dr. T. J. Creel, Angola, Ind., was a recent visitor in the city on his return from Kentucky, where he was called to attend a sister in serious illness.

Dr. E. V. Hall, Convoy, O., was in the city on December 23, for the purpose of attending the annual meeting of the Allen County Medical Society, and listening to the paper of Dr. W. A. Evans, of Chicago.

Dr. C. B. Stemen, Dean of the Fort Wayne College of Medicine, has been placed at the head of a committee to select plans and specifications for a new building to be built for Purdue University, of which he is one of the trustees.



## MEDICAL REVIEWS.

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### DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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WOUNDS OF THE HEART.—Statistics show that more than twenty per cent. of the cases of heart wounds may be saved by prompt and intelligent surgical intervention.

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HODGKIN'S DISEASE.—Musser, of Philadelphia, (*American Medicine*, Jan. 4), as a result of careful study and rather extended research concludes that "Hodgkin's disease is in all probability a lymphatic tuberculosis."

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CONGENITAL ABSENCE OF ABDOMINAL MUSCLES.—Oster reports (*Bulletin of Johns Hopkins Hospital*, Nov., 1901), a case of a child of 6 with practically complete absence of the abdominal muscles and says that only two other similar cases are recorded.

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WANDERING OR FLOATING KIDNEY is often the cause of dyspepsia. Systematic examinations should be made in all cases presenting dyspeptic symptoms with a view to determining whether or not a movable kidney is present. If one be found it may be treated by pad and bandage; if this fails to give relief neptropexy should be done.

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RADICAL CURE OF HERNIA WITHOUT OPENING THE PERITONEUM.—Poulet makes a small incision and through it reduces the sac, passes a wire through the neck of the sac and then back and forth through the lips of the wound and fastens it. Patients are dismissed after 4 or 5 days comparative rest in an easy chair. The method has been used in 400 cases.

## TO PREVENT BED-SORES.—

R. Alumin.

Sodii chloridi, of each,  $\frac{1}{2}$  ounce.

Aquae,

Alcoholis, of each, 1 pint.

M. Sig.: Use twice a day locally. Forbes (*Maryland Medical Journal*).

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PREVENTION OF STITCH ABSCESES.—Maylard, of Glasgow, writing on the above subject (*Annals of Surgery*, Jan.) advises antiseptic rather than aseptic treatment of the skin prior to operation. He emphasizes the importance of soaking the hands rather than depending upon washing with antiseptic soaps. Prolonged soaking of the hands in hot water favors the extrusion of the germs contained in the glands of the skin. After the soaking (from 5 to 10 minutes) the hands are washed in soap and water, then rinsed in warm carbolic lotion (1 to 40). This rinsing should be frequently repeated during the operation. For the skin at site of operation he advises inunctions with hydrated lanoline-oleate of mercury (20 per cent.) The ointment should be well rubbed in for about ten minutes after washing the skin with soap and water. After the "rubbing in" the surface should be covered with a piece of muslin besmeared with the ointment. This is removed in twelve hours and another inunction made and a fresh covering applied. Every case should be treated at least twenty-four hours before operation and with at least two separate periods of "rubbing in;" preferably forty-eight hours should be given to the treatment. On the table the piece of muslin is removed, the skin wiped with white gauze when the operation may be commenced. The author's results from this method have been good.

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INFECTION IN A GENERAL SURGICAL SENSE.—The following abstract of Dr. Eisendrath's paper which was published in *Am. Medicine*, is clipped from the *Phil. Med. Jour.*:

D. N. Eisendrath discusses infection in a general surgical sense. He states that the most frequent forms of surgical infection in man are produced by the pyogenic organisms. He discusses the types of suppuration to which the groups give rise. The surgical anatomy, in so far that it influences the spread of a suppurative process, is described. His chief object in the presentation



of the paper is to emphasize the necessity of the treatment, and a more thorough treatment of infection as soon as it is recognized. He states that ample incisions and counterincisions to lay bare every portion of the infected area, and to relieve the collateral edema. 2. General anesthesia and a bloodless method of operating are advised whenever possible. 3. The disinfection of an infected wound with strong antiseptics, is of little avail, and may do great harm. 4. We should place most dependence upon free drainage and moist dressings, with the use of mild antiseptics. No powder should be used until granulation is well established. 5. Absolute rest and elevation of the infected area is demanded. 6. After treatment by secondary suture and early active and passive motion; and 7, general treatment by strychnine, whisky and attention to the excretory organs should be employed.

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RETRODEVIATIONS OF THE WOMB.—Dr. Rosennasser, of Cleveland, concludes a paper (*Am. Jour. Surg. and Gynecol.*) upon the above subject as follows:

1. A retroverted womb uncomplicated by disease should be replaced and supported by a pessary.

2. Retroversion complicated by a diseased womb or by impaired pelvic floor, the womb being movable, requires preliminary plastic operation to restore the normal condition before using a mechanical support.

3. Suspension operations should not be done simultaneously with the plastic in face of the probability that a pessary can sustain the womb in position.

4. Retroversion complicated by aggravated prolapsus requires simultaneous plastic and suspension operations to effect a cure.

5. The treatment of retroversion with fixt womb is that for pelvic inflammation. Whenever the latter requires laparotomy, or colpotomy, the retroversion becomes subject to such surgical treatment as may appear best suited to the particular case.

6. Retroversion, simple or complicated, in which mechanical support and plastic operation have failed to cure or to relieve, and in which the symptoms demand relief, constitutes a proper indication for a suspension operation.

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

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FROST BITE OF THE CORNEA.—Two cases of clouding of the cornea were observed in infants less than two weeks old, evidently due to an excessive application of cold where there was only a mild catarrhal conjunctivitis. This clouding of the cornea was supposed to be due to the interference with the nutrition of the corneal tissue by the active application of cold, day and night, through lids that were not thickened. Due caution should be observed in iced applications in the early stages of ophthalmia neonatorum, when there is little or no swelling of the lids to protect the cornea.—Dr. E. L. Meierhoff in *N. Y. Med. Jour.*, Nov. 30.

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THE HEMORRHAGIC DIATHESIS IN RELATION TO OPERATION OF THE NOSE AND THROAT.—Dr. E. H. Griffin, in the *Medical Record*, of Dec. 7, reports several cases of dangerous hemorrhage following surgical operations in the nose and throat in which no history of a hemorrhagic diathesis had been elicited prior to the operation, but which had been admitted by the patient subsequently. The author considers it exceedingly important to quiz patients with regard to the hemorrhagic diathesis, and to omit no detail which will throw light on the subject. The author considers morphine better than any other drug in the pharmacopoeia to control hemorrhage occurring in bleeders.

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MULTIPLE RUPTURE OF THE CHOROID.—Dr. J. W. Smith, in the *Jour. of the Amer. Med. Assoc.*, of Dec. 7, reports a case of multiple rupture of the choroid in a boy, aged eleven, who had been struck in the left eye by a small hard rubber ball, thrown vigorously by a playmate. Vision was gradually impaired following the injury and ophthalmoscopic examination 48 hours after the accident showed the fundus to be clouded, and the site of the lesion obscured from view. Three days later four crescentic or sickle-



shaped rents in the choroid on the temple side of the eye could be seen, the white sclera showing through the rents. The retinal vessels passing over the site of the lesion showed that there had been no rupture in the retina. In other portions of the fundus could be seen pigment changes supposed to have been caused by the accident. At the end of the fifth week following the injury the patient's vision was 20—60.

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ADVISABILITY OF USING WEAKER SOLUTIONS OF ADRENALIN.—Dr. B. S. Booth, in the October *Albany Medical Annals*, advises for use in the nose and throat solutions of adrenalin chloride in strength no stronger than one to three or five thousand. Where the nasal tissues are engorged and it is necessary to shrink them for purposes of inspection, the one to five thousand solution is strong enough. If placed in the hands of a patient to be used in an atomizer, a procedure which the writer does not advise, the solution should have a strength of from one to ten thousand. He has met with some cases of brisk secondary hemorrhage where adrenalin has been employed, but this is readily avoided by the use of a spray at occasional intervals until the vessels have become occluded.—*Medicine*.

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CONTRA INDICATIONS FOR ADRENALIN IN EYE DISEASES.—In a letter to *American Medicine*, Oct. 5, Henry B. LeMere calls attention to certain contra indications in the use of adrenalin. If we remember that adrenalin is one of the most powerful remedies in altering the circulation, we can readily see that it must have certain marked contra indications. LeMere says that in using adrenalin in congestion of the conjunctiva there is practically no risk, providing the ciliary body and the iris are not involved; but if there is a tendency to iritis, especially such as is found in ulcer and in inflammation of the cornea, then the danger is real. Three such cases came under the writer's notice, one in which a superficial ulcer was, after the instillation of adrenalin chloride solution, complicated with adhesive iritis. The other two cases of iritis progressing favorably, with acute exacerbations, together with adhesions, immediately following the use of this drug.—*Medicine*.

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SUPRARENAL EXTRACT IN THE TREATMENT OF GLAUCOMA.  
L. Thilliez, (*Jour. Des. Sciences Med. DeLille, Ophthalmic Rec.*

ord) says that the use of suprarenal extract in the treatment of eye-diseases in his hands has been attended by the happiest results. The vaso-constrictor action is especially marked on the conjunctival vessels, but it is also seen in the subconjunctival or epi-scleral vessels, and to a slight degree in the deep vessels. The use of the drug is most valuable in intense conjunctival injection. It is useful in cases of keratitis and iritis with injection. Its use has been followed by excellent results in the treatment of glaucoma

(One is a little behind the times now in speaking of preparing a solution of the suprarenal extract when adrenalin, the active principal of suprarenal gland, can be purchased in the open market in a pure and convenient state for the ready preparation of solutions having all of the astringent and vaso-constrictor effects of the suprarenal solutions as formerly prepared. One can ask for nothing better than the adrenalin solution prepared by one of our best known pharmaceutical houses and ready for instant use.—Ed.)

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ADRENALIN IDIOSYNCRASY.—In a paper upon "Clinical Notes on Adrenalin," presented at the annual meeting of the American Laryngological, Rhinological and Otological Society, the general discussion by prominent nose and throat surgeons was in accord with the claims of the discoverer and manufacturers, that adrenalin is our most valuable vaso-constrictor and hemostatic, but Dr. H. H. Curtis, of New York City, expressed the opinion that there were cases in which because of idiosyncrasy it acted very badly. He had had eight or ten cases in which there had been an absolute intolerance of adrenalin and of any of the preparations of the suprarenal gland. In one of the first of these cases the patient sneezed for two and one-half hours after having used the suprarenal extract, and then on his return cocain had been used and had given immediate relief. The sneezing, however, returned in the evening and had lasted for hours. Some hay fever patients after using suprarenal extract for a few days suffer violent pain in the upper part of the nose, necessitating the discontinuance of the remedy. In other cases an adrenalin spray will produce a violent coryza resembling genuine hay fever, which only ceases on the discontinuance of the adrenalin. These facts as brought out by Dr. Curtis were substantiated by other well known specialists of experience, and the opinion was expressed that physicians should occasionally expect to find a case intolerant to the use of adrenalin in any form.



SYPHILIS AS SEEN BY THE OPHTHALMIC SURGEON.—The syphilitic lesions presented by the iris are:

1. Simple plastic iritis: by far the most frequent form of syphilitic iritis and occurring as an early secondary symptom.

2. Nodular iritis, sometimes called gummatous iritis, which nearly always makes its appearance between six and nine months after the original infection, and very often when there is no other sign of syphilis present. The typical form of nodular iritis is absolutely pathognomonic of syphilitic infection, and requires neither history nor any other sign or symptom to establish the diagnosis. A more diffuse, but rusty-looking, thickening or infiltration of the sphincter portion of the iris sometimes occurs under similar circumstances, and is almost equally characteristic as a sign of syphilitic contamination, belonging to about the same period as the more definite nodular variety.

3. A mild form of iritis associated with opacity of the vitreus and other signs which justify a diagnosis of choroido-retinitis to which the iritis is secondary. This complex lesion is believed to belong between the first and third years after the primary infection. An ordinary iritis occurring in a syphilized person several years after infection is not necessarily to be regarded as a syphilitic lesion.

4. Scleritis, resembling the ordinary rheumatic form of this affection, and the much more formidable, though fortunately rare, gummatous cyclitis, are met with as distinctly tertiary syphilitic lesions.

5. A violent form of retinitis attended with much opacity of vitreous and great depression of vision usually affecting both eyes sometimes occurs as one of the earlier tertiary symptoms.

6. A milder, more chronic, and often relapsing form of retinitis is also not uncommon, but is of later development.

7. Optic neuritis, when due to syphilis, has only been personally seen as a tertiary lesion. It may be either local, affecting the ocular and orbital portions of the nerve, but much more frequently occurs as a descending neuritis due to some coarse intercranial lesion and in connection with other signs of brain disease.

8. Finally, one meets with disturbances of mobility due to syphilitic lesions of the nervous apparatus presiding over the muscular functions of the organs of vision. Nearly always monocular, irido-cycloplegia due to disease definitely localized in the cili-

ary ganglion is by no means a rare affection, and in more than half of all such cases is thought to be the result of syphilis.—Frank Buller (*Montreal Med. Jour.*, Sept., 1901.)

OPERATION FOR CARIES OF THE MASTOID, SECONDARY OPENING OF THE LATERAL SINUS, AND LIGATION OF THE INTERNAL JUGULAR VEIN.—Dr. Julius Rosenstirn, in the *Medical Record* of Nov. 23, reports an interesting case of sinus thrombosis due to primary otitis media which recovered following three operations, which included, first, an ordinary mastoid operation not including exposure of the sinus; second, uncovering the sinus, removal of a clot 3cm. long; third, double ligation of the internal jugular vein, with excision of the portion of the vein between the two ligatures. The usual symptoms of acute mastoiditis lead to the first operation which was supposed to be sufficient to be curative in its results owing to the complete removal of all pus and granulation tissue. The bone surfaces were thoroughly cleaned and found intact. Ten days later the temperature went up to 105 4-10 degrees and the pulse to 115. This had been preceded by very severe pains at the site of the original mastoid operation. A second operation was then performed which consisted in the opening of the lateral sinus, which was found empty, and the removal of a large clot, followed by the usual profuse hemorrhage after circulation was established. Several hours later the patient complained of pain in the neck in the region immediately below the mastoid, and a slight oedematous swelling was discovered along the line of the internal jugular vein where there was pain on pressure. A third operation was then performed, consisting in the ligation of the jugular vein below the swelling, and the removal of a piece of the vein between a second ligature located 1½cm. above the first. Recovery followed the last operation.

In commenting upon the case the author states that extensive anatomical investigation proves that one jugular foramen, generally the left one, is (by no means in rare instances) so much smaller than the corresponding one of the other side that the ligation of the larger vein imperials the circulation in the brain. This fact should be taken into consideration when deciding as to the advisability of ligating the jugular to prevent extension of the septic thrombus in the lateral sinus. Tying of the right jugular has been followed by death from oedema of the brain, due to insufficiency of the lumen of the left jugular.



## BOOK REVIEWS.

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PROGRESSIVE MEDICINE. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Volum IV. December, 1901. Diseases of the Digestive Tract and Allied Organs: Liver, Pancreas, and Peritoneum—Genito-Urinary Diseases—Anaesthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics—Diseases of the Kidneys, Physiology, Hygiene, Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York. 1901.

This December, 1901, issue of this serial publication contains the following important chapters, which give the latest literature on the subject indicated: Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas, and Peritoneum, by Dr. Max Einhorn, Genito-Urinary Diseases, by Dr. William T. Belfield, Anaesthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics by Joseph C. Bloodgood, Diseases of the Kidneys, by Dr. John Rose Bradford, Physiology, by Dr. Albert P. Brubaker, Hygiene, by Dr. Henry B. Baker, Practical Therapeutic Referendum, by E. Q. Thornton.

The names of the collaborators are such as to insure a reliable and judicious digest of the most important contributions. A careful examination shows the volume to be fully up to the standard of its predecessors, which is high praise. The mechanical execution of the volume is very pleasing—typography, paper, binding—all of excellent quality. The publishers and contributors are to be congratulated on the general result.

G. W. M.

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A SYSTEM OF PHYSIOLOGIC THERAPEUTICS.—A practical exposition of the methods, other than drug giving, useful in the treatment of the sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadel-

phia Polyclinic. Volume II. Electrotherapy. By George W. Jacoby, M. D., Consulting Neurologist to the German Hospital, New York City. In two books. Book II. Diagnosis: Therapeutics. Including special articles on electricity in diseases of the eye, by Edward Jackson, A. M., M. D., Denver; in diseases of the throat, nose, and ear, by William Scheppegrell, M. D., New Orleans, in general surgery, by J. Chalmers Da Costa, M. D., Philadelphia; in gynecology, by Franklin H. Martin, M. D., Chicago; in diseases of the skin, by A. H. Ohmann-Dumesnil, M. D., St Louis. Illustrated. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut Street. 1901.

The second volume of this monumental work, which reflects in a striking manner one aspect of the present status of clinical medicine, is a handsome volume of over 300 pages written, as was the first volume, by Dr. Jacoby. This volume deals with Electro-Diagnosis and Electro-Therapy.

The first section of the volume discusses in about seventy pages the subjects of electro-physiology and electro-pathology, a knowledge of which is absolutely necessary to a correct understanding of electro-therapy. Everything that is essential is contained within this moderate compass, and is presented in a manner not too technical, but still sufficiently scientific to meet every requirement.

The use of electricity in the diagnosis and prognosis of disease receives thorough consideration, and is a subject which the average physician, heretofore, has known but little about, but which is of the utmost importance if he assumes the responsibility of giving an opinion at all in cases of nervous disease.

The wide subject of electro-therapy in general is treated of in 200 pages of a clearly written and judiciously selected presentation of the most important facts and methods at present available. Space will not permit a detailed discussion of the different sections, but reference might be made to a few points. The subject of cataphoresis is one of the highest importance, and one which can find very frequent applications in the daily work of the general practitioner in the relief of superficial painful affections, etc. That solutions of active drugs such as cocaine, strychnine, etc., can be carried in substance along with an electric current through the tissues of the body is a remarkable fact, and one which is available, as already stated, in the treatment of numerous morbid states. The



therapeutic applications of the Roetgen rays is a subject which is receiving some attention, and an editorial paragraph by Dr. Cohen assigns to it a positive value in the treatment of lupus, and a possible field of usefulness in the treatment of laryngeal tuberculosis if the development of laryngeal edema can be successfully avoided in its application.

A number of special chapters are written, among which may be mentioned that by Dr. Edward Jackson on electricity and diseases of the eyes, and by Dr. William Scheppegegrell in diseases of the nose, throat, and ear, and Dr. Franklin H. Martin in gynecology.

The work is unique in its scope and indicates in the most striking manner the tendency of the present day clinician to lay hold of every available force which can be brought to bear upon the various morbid states with which he has to deal. Every physician who wishes to keep thoroughly abreast of the times will find a welcome place for this splendid work upon his shelves, and will also find constant use for its contents.

G. W. M.

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PROGRESSIVE MEDICINE.—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of therapeutics and materia medica in the Jefferson Medical College of Philadelphia, etc. Assisted by H. R. M. Landis, M. D., assistant physician to the out-patient medical department of the Jefferson Medical College Hospital. Volume III. September, 1901. Diseases of the Thorax and its Viscera, Including the Heart, Lungs and Bloodvessels, Dermatology and Syphilis, Diseases of the Nervous System, Obstetrics. Lea Brothers & Co., Philadelphia and New York. 1901.

The September issue of this important serial publication contains four very important sections. The first is on diseases of the thorax and its viscera, including the heart, lungs, and blood vessels, by Dr. William Ewart. It is needless to say that anything coming from the pen of this able clinician will reflect the very latest phases of the subject with which he deals. Careful examination of the 130 pages, comprising this division, fully sustains the reputation of its eminent author. It is, of course, impracticable to enter into any detailed examination, nor is this necessary. A

few points only will be referred to at random. The specificity of the influenza bacillus positively affirmed upon the basis of observations by Cantani, who affirms that the organism does not exist in saprophytic form, and that the poison probably exists within the body of the organism, and is not excreted by it as a toxine.

In dealing with the functional disorders of the heart, it is interesting to note his opinion that truly functional cardio-pathics are increasing in frequency. Such conditions are attributed by him to three principal causes, first, nutritional including toxic agencies, second, nervous disturbances, third mechanical disturbances.

Considerable space is given to the treatment of heart diseases by means of the Nauhain baths. The extended analysis by J. McGregor Robertson is given. The writer has had some experience in the use of these baths in chronic heart disease, and has seen some brilliant results from their use.

A chapter on dermatology and syphilis by Dr. Gottnil contains a very full resume of that subject. Among the points worthy of especial notice is the stress laid upon the influence of hereditary syphilis in the third and fourth generations, in the recent International Congress for dermatology and syphilis at Paris. The results in the second generation are those most commonly recognized as hereditary lues, while in the third they consist principally of the so-called dystrophics.

The section on diseases of the nervous system by Dr. Spiller, comprised in something over 100 pages, is an excellent review of the subject. The author severely condemns Zeimsen's opinion that cerebral and spinal diseases are not to be regarded as syphilitic, while after four weeks of specific treatment improvement does not occur, or the patient is made worse. Clinicians in this country will certainly sustain Dr. Spiller on this point as it certainly is going far beyond the facts.

The volume closes with a chapter on obstetrics by Dr. R. C. Norris in which the important topic of eclampsia receives considerable attention. The etiology of puerperal eclampsia appears to be decidedly unsettled, and is probably due to several causes rather than to any single one.

The volume is a most interesting one and furnishes excellent means of ascertaining the latest reliable views and observations carefully digested by men of acknowledged ability in their several departments.

G. W. M.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### INSANITY AS IT CONCERNS THE GENERAL PRACTITIONER. \*

By DR. D. L. MILLER,  
Goshen, Ind.

The fact that a large per cent. of the medical profession look upon insanity as something entirely beyond the domain of the general practitioner, something that concerns only the alienist, and that the insane have no place outside of the mad house, notwithstanding the fact that it is true that the dawning of the mental aberrations of a vast majority of the cases of insanity can be witnessed and studied only by the general practitioner and hence upon him, probably more than upon any other individual hangs the fates of these poor broken fragments of humanity, is my only apology for introducing this subject this evening. One of the difficulties that stand in the way of an intelligent presentation of the subject of insanity is our inability to define the term. In fact a definition that would meet all the requirements both from a legal and scientific standpoint is an utter impossibility, however, so far as it concerns the general practitioner, neither the demands of science nor for the purpose of treatment is a definition especially

\* Read before the St. Joseph County Medical Society, at South Bend, Ind. Tuesday, January 28, 1902.

essential. Unfortunately, however, courts and clammering attorneys are not so easily satisfied, and although admitting that even for the purpose of law insanity cannot be a fixed term, yet they will often insist upon the physician furnishing a definition that will fix an arbitrary line between the sane and insane. I know of no occasion where the physician is placed in a more embarrassing position, appears to a greater disadvantage and hence is subject to more ridicule than in offering court testimony in insanity cases. And this is more often due to the unreasonableness of courts and attorneys than to any lack of knowledge on the part of the physician.

The term insanity as used by courts and lawyers, should be considered a legal and not a scientific term, and hence ought to be defined by law, but the law does not define it. There is no authoritative definition of insanity, so the physician is expected to frame one which to meet the demands of the courts, must often be at variance with the facts which furnishes an occasion for much of the ridicule that is heaped upon the heads of medical witnesses. It is necessary then that the general practitioner be armed with some kind of a definition of insanity, not necessary for the purpose of treatment nor for the scientific consideration of the subject, but to satisfy the demands of the court room, and in framing a definition then he ought to keep in mind the legal rather than the scientific phase of the subject. Now if we should go for our definition to those of deal with the insane we would find a great variety of opinions as to what constitutes insanity. In fact the variety would be limited only by the number who would attempt to define the term and these and in fact any definition that can be framed are necessarily faulty for the reason that insanity is not a fixed term. It can not be weighed or measured and hence cannot be defined. Insanity is a mental aberration thus far we are all agreed, but beyond this no one can go without being in danger of inviting criticism. We have in the human intellectual faculty on the one hand the power of reasoning, imagination, etc., on the other hand we have the emotions, such as joy, anger, excitement and so on. And then as a balance wheel to these we have the will. Now so long as the balance wheel is in control, that is so long as the will is master of emotions and the power of reasoning and imagination man can safely be pronounced sane, but when the emotions or the imagination overpower the will, and thus govern the action of the



individual insanity exist. It follows then that anything that will weaken the will either actually or relatively may produce insanity. Age, disease, alcoholism, inaction, starvation, in fact anything that will lower the nutrition of the higher nerve centers may produce weakness of the will and incidently insanity. The exaggerated condition of the emotional excitability in senile dementia. The ecstasies of joy and the fits of passion occasioned in some aged people from causes the most trival and insignificant are familiar to us all, an individual on the verge of starvation would if suddenly turned loose in a well filled pantry commit suicide from over-eating, not because that he was not fully aware of the result, but in spite of it. The inebriate may be truly repentant, in fact may show extraordinary determination to reform, and yet if you were to place before him a glass of whiskey, and allow him but to inhale the fumes of it, nineteen times out of twenty he would drink that glass of whiskey if he knew that it would be the last act of his life. A man in a fit of passion may commit a crime that in ten minutes later he would give the world if it was his to give to be able to recall that act. Brought suddenly face to face with some great danger men have been known to stand paralyzed, perfectly helpless, and an easy pray before the object of his fright. Why are these things so? Simply because the conditions brought about on one hand by the loss of nutrition from starvation, by sensibility, by chronic alcoholic poison and on the other hand the overpowering influence of the emotional excitability have so weakened and subdued the will as to render the individual helpless and hence an abject slave to his emotions and his appetite. Bound hand and foot he is in the iron grasp of these perverse conditions, he is in my judgment though perfectly sane on other subjects, as irresponsible for these acts as though he were a raving maniac. Similarly a man may dwell so long and so continuously upon one subject, that is, he may ride a hobby so persistantly that eventually the one idea will become so overpowering that it will completely dominate the will, and hence entirely control the action of the individual, and who will ever know but that the miserable wretch who was recently stained with the blood of our late martyred president was a victim of some such condition. As touching on this point I desire to report a couple of cases that recently came under my observation. One was that of farmer who a few years ago became possessed with the idea that the ownership of lands was wrong, that

the earth and the fullness thereof was the absolute property of the Lord, and that every man was entitled to the full fruits of his toil, and hence the system of land rentals and the buying and selling of lands was in direct violation of the teaching of the bible. Now when he first advocated these theories, no one suspected insanity and in reality none existed, for it must be admitted that the margin between fads of this character and Doweyism, christian science and so on, is exceedingly narrow. Yet as time went on he began to show signs of mental abaration, and the more he advocated his theory the greater became his wandering until he finally landed himself in the insane asylum. As it will possibly be of some interest I desire to quote extracts from two letters from the many I have in my possession written by him. The first was to a man who held a mortgage on the farm of which he was a tenant and is as follows: "Dear Sir: I wish to inform you that I am going to contest the mortgage you hold on this farm. I am not going to contest it in the courts, but I am going to stay right here until you throw me out, because I am clothed with the sun as written in the Revelations of St. John, a Disciple of Jesus Christ, whom the Jews usually hold as an imposter. I am going to stay here as a stumbling block to strike a blow at this financial gambling den that men have set upon earth, calling it government justice and equity." The other letter was written by the administrator of an estate of which his wife was an heir and is as follows: "Dear Sir: I will file no bills with you as administrator nor any receipt for money if there is any. I know you are not a fool, but I am both a fool and an ass. Fool enough to believe that God has chosen fools to confound the wise and foolish things and things that are not to bring to naught things that are, and ass enough to act on it." In another letter he describes how he became clothed with this power from the Sun and in many ways demonstrated his unquestionable insanity, but always on the one subject land ownership, on all other subjects he appeared perfectly rational, and one not accustomed to hearing him converse on this subject would be loath to believe that there was any evidence of insanity in his case. The other case was that a business man who for reasons either real or imaginary conceived the idea that his wife was untrue to him. When he first mentioned the subject to me as he did in a confidential way, I did not suspect insanity. I believed that there were grounds for his suspicion, and in fact I am still of that opinion. But as time



went on I began to detect signs of mental wandering, he became more and more extravagant and unreasonable in his accusations, and it was not long until it was clearly evident that he was mentally unbalanced, and yet he continued his business without arousing in the minds of his customers even a suspicion of his sanity. Finally he disappeared, and in a few days later was heard of in a city of a neighboring state, where he was arrested as a maniac, claiming that he had killed his wife and children. This of course was false and he was released and sent home. Shortly thereafter he moved with his family to another town when I lost track of him. Now these are only two of the many cases of a similar character that are seen by physicians everywhere, and demonstrates how easily and how insidiously a man's mind may become unbalanced, and how narrow is the line that divides the sane from the insane. Naturally we are dreamers. In our idle moments we delight to allow our imaginations or our power of reason to play at fancy, and insanity is only these day dreams exaggerated beyond the control of the will.

The question may arise, how do these things concern the general practitioner and in what way is he interested in insanity cases. That he is interested in the home treatment of the insane, goes without saying. But as this portion of the subject has been provided for later on in the program, I will only say in passing that in my judgment it has heretofore been grievously neglected, and many a poor unfortunate has paid the penalty of this neglect. I desire, however, to emphasize another phase of the subject, that I consider of equal importance, namely medical testimony in insanity cases. The frequency with which the physician is called upon to furnish testimony in court touching upon the insane, and the stigma, the reproach and discredit that has been heaped upon the profession because of it, ought to awaken in the minds of every physician an interest in this subject. If you have not been interested in this matter you may be surprised to know to what length some people, especially courts have gone in casting reproach and discredit upon medical expert testimony. Many courts indeed lay but little if any stress on the evidence of the so-called medical expert. No less a personage than that of a member of the supreme court of one of our sister states was led recently to remark that the opinion of a neighbor of good common sense was worth more than that of all the medical experts in the country. Another judge

of equal rank said that if there is any kind of testimony not wholly of no value, but even worse than that it was in his judgment that of the medical expert. And even the supreme court of the United States the highest court known to our laws has gone out of its way to comment upon the unreliability of medical expert testimony. But as I stated in the beginning this reproach has been brought upon the profession not so much on account of the ignorance of the physician as it is the unreasonableness of the courts and attorneys who base their conclusions on the fact that there is often a diversity of opinions amongst medical experts and they attribute this difference of opinion either to ignorance or dishonesty. Now I have no hesitancy in pronouncing the above criticism both unjust and unreasonable. It does not necessarily follow that because men hold different views that they are dishonest or that their opinions have no value. The physician is called upon in court for his opinion in a giving case, which opinion as a rule is based either upon assumed facts hypothetically stated or upon the symptoms both subjective and objective as he sees them after a personal examination of the subject, and then through a process of reasoning arrives at his conclusions which from the very nature of the conditions cannot in any way be considered in the light of mathematical accuracy. It is not strange then that expert witnesses disagree. In fact it is no more surmising that medical experts should arrive at different conclusions than that judges should disagree as to what are the facts established by these conclusions or agreeing upon the facts, should disagree as they so often do as to the rule of law governing them. In the one case as in the other the opinion is based on human judgment and any conclusion based upon such conditions are necessarily liable to be erroneous. When a lawyer can state with mathematical accuracy always just what the court's ruling in his client's case will be, and when courts cease to disagree as to what are the facts and the rules of law governing them, then it will be time enough for them to expect that medical experts will not disagree upon matter concerning which they are called upon to testify. Until then, however, unreasonable in courts whose every experience demonstrates how prone to err is human judgment to denounce medical expert testimony simply because all men do not think alike.

However, I regret to say that not all the criticism that is thus heaped upon the profession is chargeable to the unreasonableness



of the courts and attorneys, for candor compels me to admit that there is some justifiable ground, probably more than we care to own for these accusations. Some of this is due to the fact that much of conflicting, and hence unreliable character of the evidence produced by the so-called witness arises from a lack of familiarity with the subject on the part of the physician testifying. We are so absorbed in what we choose to term practical subjects that as a rule we have neither time nor inclination to consider what might be termed outside issues. Our spare moments and our society work is so much taken up in considering special cases, symptoms, diseases, drugs and doses that one is almost felt duty bound to offer an apology every time he attempts to read a paper or open a discussion before medical society on any subject other than those indicated above. It is it any wonder then that we are some times rusty on the subject of insanity, and hence it is not surprising that when we are called upon in court, as we so often are, to furnish expert testimony that we are not equal to the occasion. But as we are posing as medical experts it won't do to acknowledge this fact, so we do what is eminently worse, we demonstrate it by attempting to answer questions that we know little or nothing about, and disamly fail. Hence our reign as experts under these conditions is exceedingly brief. It often takes a magnifying glass to find the remains of it long before we get through with our first bout with the cross-examiner.

Then again the physician too often goes upon the witness stand prejudiced. He has been supoened by one side or the other, or he has been seen by the attorney for the prosecution or defense or possibly has been coached on the testimony for or against and naturally he becomes biased, and just as naturally, though honest in his intention will he shade his opinions more or less in favor of the side upon which his prejudice lies, and even this would not be so bad were it not for the fact that when his opinion is once given he feels called upon to go to almost any length to maintain his position, and then when the opposition attorney begins to challenge his opinions he will attempt to fortify them by giving evasive answers and by making too positive statement of what at best should be considered at least doubtful propositions and in other ways demonstrate to the court and jury the partisan spirit that is in him, convincing them that to some degree at least his opinions are influenced by his partisan feeling and will thus

nullify at least to a considerable extent the weight and influence his testimony might otherwise have had.

Now in conclusion, gentlemen, I only want to say that in behalf of that vast army of unfortunates who every year are pushing on toward the mad house, and for the sake of the good name of the profession we adore, we owe it to ourselves to brush up at least a little on this subject of insanity, so that when we are called on for our opinion, whether that be in the court of inquiry or in the court of justice, we can give it in a way that will do neither violence to the one nor injustice to the other.

Then again we ought to be able always to go upon the witness stand, entirely free from partisan feeling, giving our testimony in a spirit of perfect candor and frankness and never under any circumstance allowing either the cajolery of the attorney, the allurments of contingent fees nor the ties of friendship to lead us away from the truth as we see and understand it. Then above all we ought not to be afraid to say that we don't know, neither should we hesitate to admit facts, though they do apparently tend to cast a doubt upon conclusions previously expressed. Such candor will not detract from the sum total of our testimony, but in the other hand will go a long ways toward convincing the jury of the honesty of our intention and we will thus remove the cause for much of the criticism that is to-day being indulged in at the expense of the medical expert.

#### ALCOHOL IN CARBOLIC ACID POISONING. \*

WARSAW, Jan. 5, 1902.

*Editor Fort Wayne Journal Magazine; at 8:15 p. m., Dec. 31, 1901.*

I was called in haste to see Miss L——, who had swallowed over an ounce of carbolic acid, with suicidal intent, about fifteen minutes previously. I arrived at the house about 10 minutes later and found her in deep coma, and apparently approaching collapse. I immediately passed a tube into the stomach and injected a half pint of alcohol, which I allowed to remain there while I prepared and injected hypodermically 1-20 gr. of strichnine. The alcohol was then pumped out of the stomach and the same operation repeated twice in succession. This was followed by repeated flushings with

\* Report of a case in which over an ounce of Carbolic Acid was swallowed with suicidal intent and was saved by prompt administration of Alcohol.



warm water, after which I injected four ounces of whiskey and allowed it to remain, when the tube was removed. Though the pulse was slightly perceptible, the patient seemed in extremis. Respirations were labored and stertorous; extremities cold, and body moist. Nitroglycerine gr. 1-100 was given hypodermically. It was now 9 p. m. At 9:15, pulse seemed slightly improved and I repeated the strychnine. At 9:30 pulse could be counted at the wrist. Hypodemics of brandy were now given every 10 minutes and continued till midnight, with several hypodemics of nitroglycerin. At this time pulse was much improved and respirations deep and regular, but the coma continued till 1:30 a. m., when she began to be sensitive to pain, and at 2 a. m., was slightly conscious. She continued to improve from this time, and on the following day seemed perfectly well with the exception of a severe pharyngitis. She expressed herself as being utterly disgusted on not being allowed to die. The above case seemed worthy of record from the fact that the time honored antidote of a soluble alkaline sulphate was not used in the case, and alcohol would appear to be capable of overcoming the toxic action of carbolic acid when taken internally, as well as it is capable of neutralizing its local destructive action in surgical work. I have received the literature of three standard periodicals for the last year, but at this time am unable to refer to any definite report similar to the above, although a number of references as to the value of alcohol in carbolic acid poisoning exist.

Very Truly Yours,

A. C. M'DONALD, M. D.

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## ANGIONEUROTIC EDEMA: REPORT OF A CASE.

By HORATIO CHISHOLM, M. D.,  
Marion, Ohio.

In September, 1901, I had the good fortune to have under my care a very interesting case that presented in a very marked degree all the typical symptoms of this distressing disorder of the vaso-motor system.

The patient was an unmarried lady 24 years old, a pronounced brunette; she was anemic, and of a very nervous temperament that was probably inherited. She had been suffering from hemorrhoids of a very painful character, and I had prescribed tannichthol sup-

positories containing a small amount of opium. These had the desired quieting effect, and the local condition was improved; but on the sixth day of their use, I was called hurriedly to see the lady, who was reported to be "choking." On arrival, I found her almost covered with red blotches, or swellings, on the face, chest, abdomen, back and limbs. The fingers were very much swollen and her face presented a very curious spectacle, the nose, both at the bridge and alæ, and the eyelids being very edematous. The most urgent symptom, however, was the distressing edema of the throat, which was rapidly becoming alarming. The epiglottis, as well as the glottis itself, was very much affected, as was almost the entire larynx. I saw something had to be done very quickly, but I confess I was at a loss at first to know what to do.

I administered at once a full dose of strychnia, hypodermatically; and later, one of nitroglycerin, but without any seeming results. I then sent to my office for an atomizer and a bottle of Adrenalin Chloride Solution; when they arrived I began spraying the throat with the full strength solution. In all incredibly short time, I should judge about two minutes, the breathing improved. I repeated the spray in about five minutes, when breathing became easy and natural. I realize that this sounds like a testimonial to a patent medicine, a very melancholly kind of literature, but the statement is absolutely true. I used a drop or two of the solution in each eye with pleasing effect, and directed the patient to swallow all that accumulated in the mouth, and she got, thereby, a very generous dose internally. This seemed to have a decided influence on the equilibrium of the vaso-motor system, for the edema lessened very considerably all over the body during the next two hours. The itching was relieved, and the face resumed almost its normal proportions, though the lower lip hung down a little still. A very slight return at night was relieved by the same treatment. I ordered a cathartic, to be followed by a saline draught the next morning, and as a result the bowels were well emptied.

Next afternoon about the same time, the patient had another, but very much milder attack than the first, which I was able to relieve by the same treatment. She had none next day, and none since.

Undoubtedly the opiate was a contributing cause of the vaso-



motor disturbance, and it is needless to say that I discontinued its use.

On account of the unsatisfactory nature of the treatment that we have been able to give such cases, I think the results in this instance are well worth reporting. Fatal cases of this kind are by no means infrequent, and such occurrence might be prevented by prompt measures of this kind. I may be permitted to add that I use Adrenalin in many other conditions with very great satisfaction.

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## *SOCIETY PROCEEDINGS.*

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### ALLEN COUNTY MEDICAL SOCIETY.

The regular meeting of the Allen County Medical Society was held in the Assembly Room of the Court House on Tuesday evening, January 7, with a large attendance present. By vote of the society an allowance of \$10.00 was made to the janitor of the Court House for services rendered the Society during the year 1901. The program committee reported that the printed programs for the year 1902 would be distributed at the next meeting. Two new names were added to the membership through application and customary vote of the Society.

Dr. Proegler presented a paper upon "The Diagnosis of Syphilis," which was very comprehensive, and dealt in considerable detail with the varied manifestations of syphilis which frequently offer difficulty to the physician in the way of recognition. A particular point made was that in a supposed initial lesion it is best to await the well known and characteristic secondary manifestations in order to definitely settle the diagnosis before beginning treatment. In all cases of suspected syphilis, and in many cases in which there is no suspicion of syphilis but diagnosis is questioned, it is necessary to examine the patient from head to foot in a nude condition for the purpose of noting the the presence of eruptions, scars, glandular affections, or any other manifestations that may throw light on the etiology of the disease. A negative history given by the patient should not be considered seriously by any physician.

The paper was discussed by Drs. Van Sweringen, Whery, Bul-

son and Lomas. It was thought that many of the nervous disturbances caused by syphilitic infection were not always easy to differentiate from disturbance produced by other causes. It was also thought possible for very good syphilologists to make a mistake in the diagnosis of a syphilitic eruption that was not thoroughly typical in character, and it was pointed out that atypical cases were the rule rather than the exception. As an instance it was stated that an expert syphilologist, who had also had a very wide experience in the diagnosis and treatment of smallpox, had been asked in consultation to settle the question as to whether a patient was suffering from smallpox or syphilis. The expert at once pronounced the case syphilis and the patient, who had previously been quarantined, was allowed to go free. Subsequently all persons who had been exposed to the disease were taken sick with smallpox, and an epidemic of the disease traveled through the town. The source of the disease was traced to the patient who was supposed to have had syphilis, but who upon convalescence presented the characteristic smallpox pittings. One of the discussants called attention to the fact that mistakes were less frequent in diagnosing syphilitic lesions of such special organs as the eye, ear, nose and throat.

Dr. Dancer read a paper upon "Smallpox," in which he gave a condensed history of the disease and the various great epidemics which have occurred throughout the world. The symptomatology was given and the essayist added some information on the subject gained through personal experience in the treatment of smallpox cases.

The paper was discussed by Drs. Proegler, Porter, Lomas, Drayer, Calvin, Van Sweringen and Whery. The consensus of opinion was that the diagnosis is sometimes very easy to make while in not a few cases the diagnosis is difficult. Whenever the slightest suspicion can be entertained as to whether the case is smallpox or not, no delay should be experienced in isolating the patient to prevent spread of the infection. The differential diagnosis between smallpox and chickenpox was freely discussed, with the expression of various opinions as to the similarity of the two diseases. One particular point in the diagnosis seemed of sufficient value to warrant attention, and that is the difference in the appearance of the scab in smallpox and chickenpox. In the former the scab assumes a yellowish or reddish tinge due to the presence of pus and mucopurulent material. In the latter the scab is usually black or



dirty brown. One of the discussants, who has had a very large experience in the management of smallpox cases, stated that he had never seen a case of genuine chickenpox in an adult, and he would doubt the statement of any man who claimed to have seen chickenpox in an adult person.

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The regular meeting of the Allen County Medical Society was held in the Assembly Room of the Court House on Tuesday evening, January 21. Dr. H. A. Duemling presented a paper upon "Abdominal Injuries," which proved very interesting. Cases were cited to illustrate the paper. Unfortunately some of the prominent surgeons were unable to attend the meeting and the paper passed with far less discussion than it deserved. Dr. Karl Schilling read a paper upon "Eczema," in which attention was called to some of the more prominent varieties of this most troublesome disease and the indications for treatment. The essayist said that many of the unsatisfactory results from treatment occurred through failure to recognize the variety of the disease, each variety requiring distinct treatment, and a treatment that may prove useless in any other variety. The paper was very generally discussed, many of the members detailing certain forms of treatment that had proved successful in the various forms of the disease. Some of the newer remedies so greatly praised in the treatment of this disease were only mentioned to be condemned. Hygienic and dietary regulations were considered an essential in the successful treatment in any form of the disease.

Under miscellaneous business the following resolutions were passed:

Whereas. The provision, by state government, of sanitoriums for the reception and care of tuberculous persons has become an acknowledged necessity for the better protection of the public against tuberculosis in its various forms, and

Whereas, Several states already possess such sanitoriums, while Indiana has taken no step toward providing for the establishment of such an institution, therefore be it

Resolved, First, that the Allen County Medical Society recognizes the urgent necessity for an adequate institution designed for the exclusive care and treatment, both hygienic and medical, of tuberculous persons in the State of Indiana, the said institution to be erected and maintained by the state government.

Second, That this society shall at once, by correspondence

and otherwise seek to enlist the active co-operation of other medical societies and bodies, and of the public press throughout Indiana to the end that a sanatorium, commensurate with the importance of the subject sought, be authorized by legislative action, the same to be erected in some suitable location in the mountainous part of the State.

Third, That copies of these resolutions be transmitted to all other medical societies in the State, to medical colleges, to the medical press and the local daily press, to the Governor, and members of the general assembly; and that a persistent agitation of this subject be maintained in order that public opinion may be so influenced as to secure favorable action by the next legislature toward the more effectual prevention and control by approved methods of one of the most destructive diseases of which mankind is liable.

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#### THE INDIANA STATE MEDICAL SOCIETY.

The members of the Indiana State Medical Society are receiving personal invitations from the committee of arrangements to attend the annual meeting to be held in Evansville, May 22 and 23. The following letter recently sent out ought to appeal to every member and result in a large attendance:

*Dear Doctor:* The next meeting of the Indiana State Medical Society will be held at Evansville, May 22nd and 23rd, and the members of the Vanderburgh County Medical Society extend to you a cordial invitation to attend. The preparations are progressing favorably, and everything points to a successful and valuable meeting. We are glad to announce that Prof. Victor C. Vaughan, of Ann Arbor, Mich., will be our guest of honor, and it is unnecessary for us to say that he will have something of interest to present.

The migration of the society has proven quite a success, both to the society and its members. It gives each member the opportunity of meeting the profession of different parts of the State, and thus to widen his acquaintances and friendship. Every Hoosier should know the advantages and topography of all parts of his own State, and to the medical man this is of special value, enabling him to co-operate intelligently in all movements for the advancement of the profession.

This year the meeting is to be in the extreme Southwestern part



of the State, and it is worth your while to visit it. No richer farmlands are found anywhere than in this section of Indiana, and its cities, towns and villages have kept pace with the progress of other parts of the State. In the "pocket" is the largest wheat growing county, and along the river the finest corn in the country is produced; besides, the coal and mineral resources are of great value and practically exhaustless.

Evansville is the metropolis of this section, a city of 60,000 inhabitants, having 500 factories chiefly of products of wood and iron, and is one of the largest hard lumber markets in the world. Its public buildings, schools and churches compare favorably with any city of its size, and few have as modern and elegant hospitals. Its ten railroads bring it within easy reach of all parts of the country. It is on the bank of the great Ohio, second in beauty to no other river in the world. The time of the meeting is the most delightful month in the year, and you will find much to enjoy.

See that your local society does its full duty, and furnishes its quota of papers. The titles and synopsis should be sent in early so that the programme can be well arranged. We have every assurance that it will be of unusual interest.

The re-organization of the American Medical Association of last year makes it especially desirous that we should bring every reputable physician into our ranks. Will you not make it your business to urge all such to join our society at once?

The committee is ready to receive suggestions from any member in regard to the meeting.

An invitation will be extended to our neighbors from Western Kentucky and Southern Illinois, and we expect many of them to come, and we ought to have at least five hundred members of the society present.

Come and bring your neighbors.

Sincerely yours,

THE COMMITTEE ON ARRANGEMENTS.

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### ST. JOSEPH COUNTY MEDICAL SOCIETY.

The annual meeting of the St. Joseph County Medical Society was held at the Hotel Oliver, South Bend, Indiana, on Tuesday, January 28, 1902. The meeting was very largely attended by physicians from cities and towns of Northern Indiana, and several es-

sayists from Chicago were present by special invitation. Every effort had been made to have a program of unusual interest, and the visitors were not disappointed in the scientific treat nor in the sumptuous hospitality accorded by the South Bend physicians, who are recognized as splendid entertainers. Through the courtesy of Dr. Harry F. Mitchell, of South Bend, we are able to give our readers a condensed report of the meeting.

A paper on "Injuries of the Eyeball and its Appendages," by Dr. E. J. Lent, of South Bend, treated of both external and internal injuries of the eye, and their management. The speaker said that the eye when injured should be placed at absolute rest, and if the intraocular tissues are injured atropine should be instilled. Severe contusions are best treated with hot applications, though ordinary injuries to the appendages are some times best relieved by cold applications. Emphysema of the lids should be considered as indicating an injury to the bony structure. As a cleansing solution the speaker advocated the more frequent use of sterile water and less of antiseptics. Dr. Wheelock, of Fort Wayne, discussed the paper, going into detail somewhat as to the necessity for very thorough and careful examination of the eye to determine the extent and character of the injury in order to give more accuracy to the prognosis. The question of enucleation in those cases where there has been severe intraocular injury, is sometimes difficult to decide. Without the introduction of infection the eye will recover from many very severe injuries without the necessity of enucleation, and frequently with retention of the greater part of the vision. Except for the general rules that an injured eye must be kept clean and at absolute rest, each case will require such treatment as the extent and character of the injury warrants.

"On the Border Line of Surgery," was the title of a paper presented by Dr. Bayard Holmes, of Chicago. This paper will appear in full in the March number of the *Journal-Magazine*. The paper was discussed by Drs. Chas. Stoltz, of South Bend, who endorsed all that had been said regarding the necessity for the early operation in appendicitis, and believed that failure to recognize the disease, as also neglect in operating at a sufficiently early date, has been responsible for a large number of fatalities that might have been prevented. He did not believe in temporizing or waiting for developments when a diagnosis could be made. The longer the operation is postponed, in the majority of instances, the more com-



plications are encountered, and the less are the chances of a favorable result.

"Some Remarks on Appendicitis," was the title of a paper presented by Dr. C. A. Daugherty, of South Bend. This paper will appear in full in the March number of the *Journal-Magazine*. The paper was very generally discussed. Dr. Flemming, of Elkhart, advises conservative methods and believes in the indications for operation as laid down by McBurney. He would delay operation until rupture becomes imminent or until other evidences made it absolutely necessary for the use of the knife. Dr. Stevens, of Dowagiac, Mich., said that there was no iron-clad rule as to diagnosis, but taken as a whole the three cardinal symptoms—pain, rigidity and tenderness—is the best guide. He believed in early operation, and in some instances considered an exploratory operation justifiable. Dr. McCutcheon, of Cassopolis, Mich., said that he did not believe in delay, but would endorse all that Dr. Daugherty had said regarding the necessity for early diagnosis and early operation. Dr. J. B. Burteling, of South Bend, reported a case in which the appendix had ruptured and the pus burrowed through the diaphragm and into the right pleural cavity. He believes in early operation. In closing the discussion, Dr. Holmes said that many dangerous complications might be avoided by early operation, even though a fatal result does not occur as a result of delay. He reported cases where the pus had burrowed from the appendix into many different regions, always complicating the cases, retarding recovery, and in some instances producing a fatal result.

"Nasal Obstruction and Sequellae," was the title of a paper presented by Dr. G. W. Spohn, of Elkhart. The speaker condemned the indiscriminate use of the saw, the knife and the electrocautery in the nose, and advocated the more general adoption of therapeutic agents to relieve many of the pathological conditions found within the nose. Considerable attention was given to the subject of adenoids, and their effects, the belief being expressed that many children suffering from adenoid growths can be effectually relieved without the necessity of an operation, if due attention is given to cleansing, hygiene and constitutional treatment. The paper was discussed by Dr. A. E. Barber of South Bend, who spoke of the disadvantages of the common practice of cauterizing every case with chromic acid. He believes in the use of the saw or the scissors whenever the nasal obstruction consists of exostosis, or true hypertrophies. He believes that excision of adenoids is the only rational treatment, because of the almost immediate beneficial

results secured, and the danger of allowing the adenoids to continue as an obstructive lesion.

"Human Terata" was the subject of a paper presented by Dr. Austin O'Malley of Notre Dame University. The speaker in a highly scientific manner discussed the subject of human monstrosities and explained the manner in which they are classified. The paper was ably discussed by Drs. Stoltz, of South Bend, and Holmes of Chicago. Stoltz has for many years given the subject much attention and his discussion was of unusual interest. Dr. Holmes brought out the subject of congenital malformations in an entertaining manner.

"A Final Analysis Along Practical Lines," was the subject of a paper by Dr. K. K. Wheelock of Fort Wayne. This paper considered the subject of medicine as a business proposition, and advocated more attention on the part of physicians to the business features of practice as a duty which physicians owe not only themselves, but the members of their families.

"Insanity as it Concerns the General Practitioner," was the subject of a paper by Dr. D. L. Miller of Goshen, Ind. This paper appears in full in this number of the *Journal-Magazine*.

"Home Treatment of the Insane," was the subject of a paper by Dr. J. W. Milligan of South Bend. The speaker explained the rational methods of feeding the insane, and the necessity for a good nurse. Under favorable circumstances the patient can be well treated at home and his family spared the stigma of having him sent to an asylum. In the discussion of these two papers Dr. Wagner, of South Bend, spoke of the relative value of chloral and the bromides so frequently prescribed to insane patients. In acute mania he would recommend hyoscine. Dr. Hill reported cases of interest from a medico legal standpoint.

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#### THE NOBLE COUNTY MEDICAL SOCIETY.

The regular meeting of the Noble County Medical Society was held in the parlors of the Hotel Goldsmith at Ligonier, Ind., on Tuesday, January 7, 1902. The attendance was not large but representative, and the papers interesting and well discussed. The following program was carried out: "Cerebral Syphilis," by Dr. B. Van Sweringen, Fort Wayne; discussion, Dr. W. K. Mitchell, Ligonier, Ind.; "The Way to Be Happy," by Dr. J. L. Gilbert, Kendallville, Ind.; discussion, Dr. W. F. Carver, Albion, Ind., Dr. J. H. Nye, Cromwell, Ind.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### COMMISSION OF PUBLIC HEALTH.

Mr. Perkins on the 19th of December, 1901, introduced a bill in Congress known as the Perkins' bill in opposition to the Spooner bill, introduced in 1899.

The Spooner bill, or as it is now known, the Spooner-Ray bill, service to that of the United States Health Service and centralizes all matters of public health in that service.

The Spooner bill or as it is now known the Spooner-Ray bill, separates the commission of public health from the Marine-Hospital Service and provides that the commission be composed of a commissioner and of a representative from each State and Territor-

ial board of health, the Surgeon-General of the Army and of the Navy, the Supervising Surgeon-General of the Marine-Hospital Service, or such other medical officer from either service as may be designated by the chief thereof, with the approval of the President, to be known as the "National Commission of Public Health," which shall be a bureau in the treasury department.

The Spooner bill has the endorsement of the A. M. A., the American Public Health Association, the Conference of State and Provincial Boards of Health of North America, the New York Board of Trade and Transportation, the Louisiana State Board of Health, and many other medical and business organizations.

This bill practically creates a National organization of sanitary experts as free from the possibilities of pernicious political influences as is possible. It is not perhaps an ideal bill, but it is a good one and may be improved upon in time. To those who insist on the creation of a "Department of Public Health with a secretary in the President's Cabinet," we may say that at present this is absolutely impossible and the idea has been abandoned for the present at least by the committee appointed by the A. M. A. to secure this object. In a letter to the *Journal* of the A. M. A. Dr. Wingate, the chairman of the committee above referred to, says:

"While it is true that much time has elapsed since efforts were first put forth by the association to obtain some legislation of this kind, yet public sentiment was probably never stronger than at present, and the prospects never brighter than now for securing the passage of this measure, providing the members of the profession in the various States will now do their utmost to influence their members of Congress to vote for it. The bill will undoubtedly be taken up in the Senate first, and very soon, and now is the time to urge Senators to give their attention to the matter. After it passes the Senate, which we trust and believe it will, then the attention of members of the House must be called to the measure, and due notice of the progress of the bill will be given from time to time in the journal. It is trusted and believed that if members of the profession, who are in favor of this measure, will use their utmost influence with their members of Congress, this bill can be passed during the present session."

At the time the above was written (March, 1900) the Spooner-Ray bill was threatened by the introduction of a bill by Mr. Mahon, now, as above stated, it is threatened by the Perkins bill,



therefore it behooves all members of the profession who are in favor of the Spooner-Ray bill to use every effort to secure its passage. Save that the Perkins bill has been substituted for the Mahon bill the situation is now the same as that outlined in the above quotation from the letter of Dr. Wingate. Concerning the Perkins bill, Edmond Souchon, M. D., president of the Louisiana State Board of Health, in a letter to Surgeon-General Wyman, says:

"I am sure that I am voicing the sentiment of the profession in the South and West, and of influential men in the North, when I say that what the profession wants is the establishment of a Commission of Public Health that will be from the people, with the people, and for the people, i. e., with an Advisory Council, and separate from the Marine-Hospital Service.

I am not expressing a sentiment new to you when I say that the Marine-Hospital Service is considered by the majority of the profession as representing an effort to centralize all matters of Public Health in that Service, which is repugnant to all who believe that States should control these measures of Public Health within their borders.

The great strides of modern science are due to the division of labor and to specialization, and for that reason the profession wants a department separate and distinct from the Marine-Hospital Service in any shape or form.

The Marine-Hospital Service should be left to its legitimate work, the caring of the sick sailors.

Almost all enlightened European countries have their health matters under separate councils, distinct from bodies entrusted with other cares and responsibilities."

We are in hearty accord with Dr. Souchon and would urge all the members of the profession who are of like mind to solicit the aid of their Senators and Representatives in support of their ideas.

M. F. P.

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## INEFFICIENCY OF MEDICAL PRACTICE ACTS.

A recent number of the *Journal of the American Medical Association* contains a communication from an Illinois physician, complaining of the inefficiency of the medical laws of the State of Illinois. He says that all primary objects of medical legislation is to protect the people from the ravages of the army of charlatans that

infest the country. That the medical laws of Illinois do not succeed in affording the people this protection is evidenced by the large number of quacks found in Chicago, Peoria, Quincy, Springfield, and every other city in the State. Magnetic healers, Eddyites, Dowieites, and a host of other impostors treat the sick and afflicted without let or hinderance. Notwithstanding all this infringement on the intent of the law, the most learned professor in the country, outside of Illinois, could not practice in the State without passing the required examination. The correspondent concludes with a plea for recognition of membership in the American Medical Association as evidence of necessary qualifications to practice medicine.

We might add that what is true in Illinois, as regards the inefficiency of the medical laws, is also true in Indiana where every reputable and intelligent physician is compelled to comply with the special rules as to qualifications, adopted by the State Board of Registration and Examination, while the professional mountebanks and medical quacks and impostors continue their nefarious practices unmolested. In some instances and in certain localities the Board has vigorously attacked and suppressed medical quackery, but the efforts in this direction have been spasmodic, and so far as a general healthful effect upon the standard of medical practice has been of little benefit. In some instances licenses have been refused, and in other instances licenses have been revoked, but without suppressing the quack who desires to practice in the State. Whether due to laxity on the part of the medical board or failure on the part of prosecutors to prevent the practice of medicine by any one not holding a license, the fact still remains that incompetent men are constantly coming into the State and doing business without molestation. We believe that uniformity in our medical laws and regulations for the practice of medicine will never be secured by the various States, and that no effectual method of controlling the matter will be found until a National Board is authorized to control the matter, and thus make it possible for any man, who complies with the requirements of the National Board, to practice in any State in the Union. It should also be the province of the National Board to bring to justice any and all persons who attempt to practice medicine in any part of the United States without fully complying with the requirements of the National Board.

Until we have either a National Board of Medical Registra-



tion and Examination or uniformity in the laws and requirements of the various States for the practice of medicine so long will we have the encouragement of quackery in certain localities, with the location of charlatans in those States having the least requirements, but with legal right to prey upon the sick and suffering in any State in the Union.

A. E. B.

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### THE QUARELS OF THE VACCINE MANUFACTURERS.

The medical profession, and particularly that portion of it interested in the publication of medical journals, is just now being treated to a rather acrimonious controversy relative to the merits of the vaccine used in the unfortunate tetanus cases at Camden. The H. K. Mulford Co., well known manufacturers of vaccine, promptly announced, following the deaths from tetanus in Camden, that the unfortunate results could not in any manner be traced to their vaccine. The well known house of Parke, Davis & Co., who have always borne the highest reputation for quality and efficiency in goods of their manufacture, also promptly issued circulars denying that their vaccine had ever been employed in any of the many cases throughout the United States and Canada, where tetanus has followed vaccination. A druggist of Camden, attacks the Mulford Co. with a charge that their vaccine was responsible for the tetanus cases at Camden, and the charge is later substantiated by circulars emanating from the Pennsylvania Vaccine Co. In some of the circulars issued, either direct or indirect reference was made to the house of Frederick Sternes & Co., of Detroit, and this house in turn promptly issued circulars certifying that they were not interested in the vaccine fight at Camden, and did not propose to be drawn into the controversy. The last development in the case is a pamphlet issued by the Mulford Co., charging Parke, Davis & Co., as being responsible for the libelous circulars against them, emanating from Camden. The circular also attacks the Pennsylvania Vaccine Co., with a charge that their plant is an insignificant one, and through investigation has received the stamp of disapproval on the part of the health board of Pennsylvania.

What the next development of this fight among the vaccine manufacturers may be remains to be seen. Of one thing, however, we are certain. The subject of vaccination will receive a very serious setback as a result of the unfortunate occurrences at

Camden, and the anti-vaccinationists will make good use of the evidence that can be obtained at Camden in order to further their unworthy and dangerous ideas. The fight among the vaccine manufacturers can result in nothing further than augmentation of the already spreading objection to the employment of vaccination as a preventive of smallpox.

While we believe that all the facts with reference to the Camden cases should be known by the medical profession, yet we do not believe that any good purpose is served by carrying on a bitter controversy as to the merits and demerits of the various vaccines employed in Camden at the time tetanus was discovered among the vaccinated persons. That the manufacturers and physicians have had a lesson at the expense of human life cannot be doubted, but that the use of vaccination as a preventive of smallpox has been proven a dangerous procedure, because of the Camden accidents, will not be worthy of consideration except by the natural opponents of vaccination who form a distinct class of fanatics opposed to anything of benefit to public health.

The Camden cases point out to us the imperative necessity of employing vaccine of unquestioned purity, as guaranteed by careful and conscientious attention throughout all the processes of manufacture, by firms of established reputation for integrity. But aside from this we are impressed with the necessity for the most painstaking care on the part of the physician who is performing the vaccination. The individual to be vaccinated should be considered a subject for operation the same as an individual who is to undergo any operation at the hands of a surgeon. The site selected for the vaccination should be rendered as near aseptic as possible; the scalpel, needle, syringe, or any other instrument that is to come in contact with either the vaccine or the patient's person should be thoroughly aseptic; the dressings applied to the wound should also be aseptic; and last but not least, the wound should be protected from infection, until the scab has been removed. With these precautions there should be absolutely no fear or danger to life from vaccination, nor should the patient experience any great amount of inconvenience or discomfort.

There is no more demonstrable fact in medicine than that vaccination is a preventive of smallpox, and we regret that either the carelessness of physicians or manufacturers should be responsible for any increased opposition to vaccination as a measure conducive



to public health. We hope that the controversy now going on between the vaccine manufacturing firms will cease before further damage is done to the cause of vaccination.

A. E. B.

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#### SIGNIFICANCE OF PAIN IN FIBROIDS OF THE UTERUS.

Fibroids are usually painless and therefore, according to Bland-Sutton, when a fibroid becomes painful it signifies that the tumor is undergoing secondary change or that some complication has arisen in the pelvis. The writer has had three cases in his practice of fibroid of the uterus complicated by pregnancy, in all of which pain was a prominent symptom. In one case a neyomectomy was done, in one a hysterectomy and in both the chief symptoms was pain. In neither of these cases had there been any pain prior to the occurrence of pregnancy, although in both the tumor was large. In the other case the woman went to time, was delivered naturally and is now nearing a second confinement. In this case there are several small fibroids, which have thus far interfered in no way with either gestation or labor, save that they have been the cause of much pain.

I have not noticed the "mahogany" tint which Sutton says these tumors are apt to show in gravid uteri. This may be due to the fact that in neither of the two cases operated was pregnancy advanced beyond four or four and a half months, and this color is not likely to be marked except in the later months of pregnancy. That fibroids are very prone to undergo disintegration in the presence of pregnancy seems certain from the cases examined by Sutton whose findings are corroborated by a large number of cases recorded by various writers. It seems well established that pregnancy enhances the rapidity of growth in fibroids. This may be explained by the increase in vascularity which occurs with pregnancy.

M. F. P.

## NEWS NOTES AND COMMENTS

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CHICAGO A HEALTHY CITY.—The death rate for the city of Chicago for the year 1901, is 13.8-10 per thousand. The sanitary officials of the city report that this is a 4 lower rate than has ever before been observed in a city of over one million people.

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NO LICENSES REQUIRED OF OSTEOPATHS.—Several cities have decided that osteopaths do not require a license as a permit to practice their profession. Wisconsin has recently been added to the list through a court decision which acquitted an osteopath who had been prosecuted for practicing without application to the State Board for license.

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OSTEOPATHS CANNOT VACCINATE IN PENNSYLVANIA.—According to a rule of the Pennsylvania Board of Health a certificate of vaccination by osteopaths will not be accepted by the school authorities. It is thought probable that the matter will have to be settled in court as the osteopaths claim that they have just as much right to vaccinate children as physicians of any other school.

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DR. WELCH ON VACCINATION.—Dr. William M. Welch, chief physician for the Municipal Hospital in Philadelphia, says that out of 980 cases of smallpox that have come under his observation during the present epidemic, not a single case was in a person who had recently been vaccinated successfully. He further says that any person who has recently been successfully vaccinated may sleep in a smallpox hospital, mix with the patients, or take any kind of risk without fear of contracting the disease.

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COURTS DECIDE A CASE OF UNETHICAL CONDUCT.—Dr. W. H. Mayfield was expelled from the St. Louis Medical Society for securing and publishing letters commending his professional work, and certificates of his skill and success as a doctor, and for issuing such pamphlets to the public. He applied to the St. Louis court of appeals for a restraining order, but his application was denied on the ground that he had violated the regulations of the Society and that its committee on ethics had tried the case in a fair and equitable manner before deciding that he be expelled from membership.



AN ANTI-PURULENT IN SMALLPOX.—The prevalence of smallpox in various portions of the country has led Messrs. Battle & Co., of St. Louis, to widely distribute a small brochure on the treatment of the disease with ecthol. This remedy is an anti-purulent and the manufacturers claim that it is not only an anti-purulent in smallpox but that it will render anyone immune to that disease, no matter what stage or the manner of contact, who will take teaspoonful doses four times a day. They also claim that if given in time the remedy will also abort the disease. Any physician desiring complete information can obtain literature by writing to Battle & Co., at St. Louis.

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DEATH OF SIR WILLIAM MACCORMAC.—During the first week of December, 1901, Sir Wm. MacCormac, one of the greatest British surgeons of the day, died suddenly of heart disease at Bath, England, at the age of 65. He first became prominently known through his work on Military Surgery, written after thorough and careful observations during the Franco-German war of 1870. His subsequent service in the Turko-Servian war enlarged his military surgery experience, and his recent connection with the surgical history of the Boer war is known to all in the medical profession. Among numerous prominent positions held was that of president of the Royal College of Surgeons, Secretary-General of the International Medical Congress of 1881, Baronet and Surgeon-in-ordinary to the Prince of Wales in 1897, and at the time of his death consulting surgeon and emeritus lecturer in clinical surgery at St. Thomas hospital. He was the author of several surgical works that have been translated in many languages and accepted as authoritative, while his addresses, papers, and pamphlets of interest and value to the medical profession are too numerous to mention.

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COPPER IN THE TREATMENT OF EYE DISEASE—Some weeks ago Dr. Claiborne published an article in the *New York Medical Record* in which he advocated the use of pure copper sulphate in the treatment of some eye affections. The article brought out many criticisms from ophthalmologists in various parts of the country, the most acrimonious of which came from Dr. Cornelius Williams, of St. Paul, and was published in the *Medical Record*. Dr. Claiborne replied to the criticism, and this was followed by numerous letters from each of the discussants relative to the good and bad ef-

fects of copper sulphate. The end is not yet, but it is hoped that the medical profession will be fully conversant with the subject of the good and bad effects of copper sulphate in the treatment of eye diseases by the time that Drs. Claiborne and Williams sheath their swords.

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WHO PAYS THE LATE PRESIDENT'S PHYSICIANS.—The question has recently been asked, "who pays the late President McKinley's physicians for services rendered from the time of his being shot on the grounds of the Pan-American Exposition until his death at the Millburn residence several days later?" It is a well-known fact that the executor of the McKinley estate has asked the physicians for their bills, but the physicians, having some delicacy regarding the matter, have refrained from complying with the request. It is certainly to be expected that the bills will be large on account of the responsibility assumed and the other peculiar circumstances of the case. There ought, however, to be not the slightest question as to who should pay the bills for the professional services rendered. President McKinley was stricken down at a public function while performing his official duties as President of the United States, not as a private individual, and the Nation is properly responsible for the expense which was incidental to his public position. There ought to be no question as to this point, and no hesitation on the part of congress to make an appropriation for the purpose.

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OBJECTION TO TUBERCULIN —At a recent meeting of the New York County Medical Society, Dr. H. P. Loomis expressed himself as not particularly in favor of using tuberculin either as a diagnostic agent or a remedial agent in the management of cases of tuberculosis. He stated that he had injected tuberculin into fifteen cases of advanced pulmonary tuberculosis and they had failed to give any reaction. Dr. S. A. Knopf also expressed himself as dissatisfied with tuberculin as a diagnostic agent and thought it should be used with extreme caution. He said that he had had a very sad experience many years ago in using tuberculin and had not cared to employ it since. Dr. E. A. De Schweinitz, chief of the Bio-Chemic Laboratory at Washington, D. C., also expressed the opinion that tuberculin had an element of danger in it, and that, therefore, it should be used very carefully for diagnostic purposes.—*Record*.



ORGANIZED MEDICAL DEFENSE.—The New York County Medical Association at one of its December meetings adopted a plan for the defense of its members in malpractice suits. The step was taken on the ground that what effects the honor and standing of one member effects the honor and standing of the entire profession. It is hoped that through this plan the compromising of malpractice suits by physicians will be prevented, and that this united and organized effort on the part of the profession will have a tendency to deter blackmailers from bringing suits, and will discourage petifogging lawyers from working up such practices among ignorant or dishonest classes.—*Record*.

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PERSONALS.—Dr. Geo. W. McCaskey, of Fort Wayne, has an illustrated article in the *New York Medical Journal* of December 14, on "Hysterical Dissociation of Temperature Senses with Reversal of Sensibility to Cold."

Dr. Andrew J. Boswell, who recently moved to Elkhart from Fort Wayne, has decided to locate in South Bend.

Dr. Geo. W. McGavern, of Van Wert, O., will leave the latter part of this month for an extended tour of Europe. He will be gone for several months, and will be accompanied by his wife and daughter.

Dr. J. L. Smith, of Hoagland, Ind., is a candidate for auditor of Allen County.

Dr. Morse Harrod, of Fort Wayne, is a candidate for coroner of Allen County, the position now held by Dr. W. W. Barnett.

Dr. D. W. Finnimore of Pottsdam, N. Y., was a visitor in Fort Wayne the latter part of January, and delivered at the request of Dr. McCaskey a series of lectures before the senior students of the Fort Wayne College of Medicine. Dr. Finnimore graduated from the Fort Wayne College of Medicine 20 years ago.

Dr. B. Van Sweringen, of Fort Wayne, was recently elected a member of the Chicago Medical Society. He is the third physician from Fort Wayne to be admitted to this organization, the others being Drs. Geo. W. McCaskey and Albert E. Bulson, Jr.

Dr. Wm. G. Rice, of Muncie, Ind., was married to Miss Minnie R. Sutherland, of Cheboygan, Mich., on January 1st. Dr. Rice enjoys a lucrative special practice at Muncie and is well known by many physicians throughout Central Indiana who extend congratulations and best wishes.

AN ULTRA SCIENTIFIC MEDICAL SOCIETY.—Through the Associated Press we learn that Dr. W. B. Coakley, of Chicago, who has recently returned from Europe, has originated a plan for the formation of a new medical organization which shall include in its membership only physicians of high mark. The requirement for membership will be very exacting, only those being admitted who have made original and extensive investigations which have added much to scientific knowledge. The applicant for membership must be twenty-five years old and a graduate of medicine and surgery recognized by the Association. He must present evidence and forcible affidavits of originality in his work, and practical results obtained from experiments. Members less than forty years old will be required to perform such experiments upon living animals or upon such lines as will be within their particular line of work. This must be continued for each year for ten years, at the end of which time he must become an honorary member of the Association. A less amount of work will be required of those less than forty years old. Before any line of work will be accepted as complete the investigator will be compelled to demonstrate his results before a committee to be selected by the president of the Association. Among the objects of the Association, as stated in the by-laws, is the following: "The furthering of scientific research, honest work and honest reports, all of which it is hoped will result in the alleviation of suffering and the prolongation of life." It is expected that the organization of such a society will result in a very active stimulation of scientific work and in a healthy rivalry among scientific men for meritorious consideration. If conducted along the lines projected and no laxity is permitted by allowing incompetent or unworthy members admission, the organization will certainly result in the establishment of a very high reputation for scientific achievement.

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CHINATOWN A DISEASE-BREEDING NUISANCE.—The annual report of the San Francisco Board of Health has the following to say regarding that portion of the city of San Francisco popularly called Chinatown: "Chinatown as it is at present cannot be rendered sanitary except by total obliteration. It should be depopulated, its houses destroyed by fire and its tunnels and cellars laid bare. Its occupants should be colonized on some distant portion of the peninsula where every building should be constructed under



strict municipal regulation and where every violation of the sanitary laws could be at once detected. The day has passed when a progressive city like San Francisco should feel compelled to tolerate in its midst a foreign community perpetrated in filth for the curiosity of tourists, the cupidity of lawyers, and the adoration of artists."

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ENGLISH DISTINCTION OF DR. AND MR.—ELK RIVER, MINN., Nov. 30, 1901.—*To the Editor*:—Will you kindly explain why some English physicians bear the title of "Mr." and others that of "Dr.?" Conan Doyle, the novelist, is Dr. Conan Doyle; Sir Joseph Lister, the eminent surgeon, is Mr. Lister. Why is the distinction?

C. Q. S.

*Ans.*—Generally speaking, those who are designated "Mr." are supposed to be surgeons, and "Dr." physicians. No one has a right to the title "Dr." unless he holds a doctor's degree. The M. D. degree is conferred in Great Britain and Ireland only by Universities, and is preceded by the bachelor's degree. The right to practice is conferred by various bodies, among these being the Royal College of Surgeons, the Royal College of Physicians of London, and the Royal College of Physicians of Edinburgh. These grant L. R. C. . or S., M. R. C. P. or S., F. R. C. P. or S. degrees, which do not carry with them the title of "Doctor." Arthur Conan Doyle, the author, received the M. B., C. M., in 1881, and the M. D. from the University of Edinburgh, in 1885. Joseph (now Lord) Lister received the B. A. degree in 1847, the F. R. C. S. and M. B., in 1852, and various other degrees since then, but not the M. D. until it was conferred (*honoris causa*) by Trinity College, Dublin, in 1879. After this Lister was entitled to the title "Doctor."—*Jour A. M. A.*

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AMERICANS GREAT TOBACCO USERS.—According to recent statistics, published in the *Medical Record*, the average consumption of tobacco by each citizen of the United States is 2,110 grams. This amount is in excess of the amount used in any other country except the Netherlands, where the consumption to each person is 3,400 grams.

CEASES PUBLICATION.—The Editor and proprietor of the *American Gynecological and Obstretical Journal* notifies us that his journal ceased publication with the December number. The right to the title of the journal has neither been sold nor given to anyone whomsoever, and all connection with or responsibility for the use of the same hereafter is disclaimed. No reason is assigned for the discontinuance of the journal.

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DR. EVANS INVITED TO LECTURE.—We are informed that Dr. W. A. Evans, of Chicago, has been invited to deliver a public address before the citizens of Fort Wayne on the subject of "Tuberculosis." It is thought that the public should be better acquainted with the manner in which tuberculosis develops, the methods employed for its diagnosis and treatment, and above all else the measures necessary to suppress the spread of the disease.

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TO INVESTIGATE CONTAGIOUS AND INFECTIOUS DISEASES —The Associated Press announces that a wealthy lady of Chicago, who has recently lost a child through scarlet fever, has donated one-half million dollars for a laboratory to be used entirely for investigations and experiments connected with contagious and infectious diseases, with a view to increasing the knowledge which the medical profession knows regarding these dangerous diseases, and if possible to discover curative measures.

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A BILL PROVIDING FOR THE SUPPRESSION OF LEPROSY IN THE UNITED STATES was also referred to the committee on Interstate and Foreign Commerce on January 23. The bill provides for the appointment of a commissioner on leprosy; for the building of leper home on a tract of land a mile square set aside for that purpose at some point remote from the sea coast; for the prevention of the importation of lepers and for the deportation of those who do get within our gates. The National Leper home is to be under control of the Marine-Hospital Service.

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THE ANTIVIVISECTION BILL.—The Gallinger Antivivisection bill reached its second reading on January 21, and was referred to the committee on the District of Columbia. We note that Mr. Gal-



linger introduced the bill "by request." We are pleased to know that it was Mr. Gallinger's kindness of heart, rather than his judgment which prompted him to introduce this bill. That he introduced the bill rather than hurt the feelings of those who wished him to do so by refusing to comply with their request is the best excuse he could have for introducing it.

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THE JACKSON COUNTY (MICH.) MEDICAL SOCIETY.—The annual meeting of the Jackson County, (Mich.) Medical Society was held at Jackson, Mich., on Tuesday, January 14, 1902, at the Library building. The officers of the society are: President, Dr. A. E. Bulson; Vice President, Dr. M. Strong; Secretary, Dr. A. H. Wilton; Treasurer, Dr. F. Rogers. Papers were read by Drs. C. D. Aaron, of Detroit; Prof. C. B. Nancrede, Ann Arbor, and Drs. J. T. Main and N. H. Williams, of Jackson. The president's address at the evening session was followed by an elaborate banquet.

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ANATOMICAL BILL FOR THE DISTRICT OF COLUMBIA.—A bill providing for the formation of a board of control in the District of Columbia, whose duty it shall be to receive and distribute to the various colleges of the District the unclaimed dead bodies for purposes of dissection, etc., has just been read the second time, and referred to the committee on the District of Columbia. The officers of almshouses, jails, etc., are required to report to the board whenever a dead human body likely to be buried at public expense comes into their possession. Any person related by blood or marriage may upon request made within twenty-four hours have the body buried at public expense. Any friend making request within the specified time may have the body buried without expense to the District.

Bodies of travelers who die suddenly shall not be turned over to the Board. Any traffic in dead bodies is made punishable by a fine of not more than two hundred dollars or imprisonment for not more than a year. Any person having duties enjoined by this act and convicted of failure to perform them may be fined one hundred dollars or imprisoned for one year.

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OBITUARY.—Dr. Peter Drayer, of Hartford City, Ind., died at his home December 20, 1901. Dr. Drayer was born in Miami County, Ohio, in 1840, and was therefore 61 years old. He was

educated at Miami University, attended the Medical College of Ohio, and the Starling Medical College from which latter institution he graduated. At the New York Polyclinic he took three months' post graduate work. For a time Dr. Drayer was a trustee of Hanover College, and at the time of his death was a member of the A. M. A., Blackford, County Medical Society, Indiana State Medical Society, the Delaware District Medical Society and Local Surgeon of the L. E. & W. R. R. Dr. Drayer left a widow and five children. Of the latter three are daughters, Mrs. Crowe, of Fort Wayne, Mrs. Edson, of Hartford City and Miss Edith Drayer, who is now making her home with Dr. L. P. Drayer, her brother, one of the most prominent physicians of Fort Wayne, and the elder son of the deceased. The younger son, George, is a student at Princeton.

Dr. Drayer's mother who is now in her eighty-first year is still living.

Dr. Peter Drayer was a good husband and father, a valuable citizen, steadfast friend and an honorable, honored and active member of the medical profession. In their great sorrow his family has the sympathy of a wide circle of physicians, whose pleasure it was to know Dr. Drayer and whose hope is to again clasp his hand and enjoy his genial and kindly smile when they shall have finished their labors and passed over to the other side of the river to rest.

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THE EXPERIMENTS OF PARIS PHYSICIANS IN BALLOONS.—The study of the effect of high altitude on the blood by Paris physicians who made ascensions in four balloons which were placed at their disposal for the purpose, has resulted in demonstrating the fact that there is always a rapid increase in the number of red corpuscles in the blood when the person or animal is taken from a low to a high altitude and that this increase disappears upon descent. The tests were made upon animals and human beings, the balloons being allowed to reach a very high altitude and then slowly descend to the earth.



## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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THERAPEUTIC ATTEMPTS TO PROMOTE NATURAL PROCESS IN TUBERCULOSIS—A. Hoff, in *Die Heilkunde (Vienna)*, v, 4, presents the advantages of cinnamic acid and of alcohol combined and treats pulmonary tuberculosis by the internal and external application of alcohol, supplemented by an alcoholic solution of arsenic and cinnamic acid. His formula is arsenic acid, 0.1; potassium carbonate, 0.2; cinnamic acid, 0.3—boiled with distilled water to make 5c.c. Aqueous extract of opium is then added to the amount of 0.3; brandy 2.5; and distilled water 2.5. Six drops are to be taken in a spoonful of water after dinner and supper, gradually increasing the dose of twenty-two drops twice a day. The journal has frequently referred to the benefits obtained from cinnamic acid as reported by Landerer and others in the treatment of tuberculosis. Kraemer's recent statistics show that objective success was attained in 72.8 per cent. after 14 injections; in 79.7 per cent. after 20 injections; in 80.7 per cent. after 24 injections, and in 86.1 per cent. after 40 injections. Patients treated for six months and more were completely cured in many cases, and the cures have persisted for more than three years. The local alcohol compresses were applied according to Buchner's directions. In cases of rapidly progressive emaciation and high fever, Hoff orders "Peru cognac" at first and follows later with his drop mixture, which is merely a more concentrated form of the "Peru cognac." He describes a number of typical cases to prove his assertion that this method of treating pulmonary consumption is the most rational, and all in all, the best. He has had several years' experience with it, and has applied it in numerous cases both in private and dispensary practice.—*Jour. A. M. A.*

The Specific and Non-Specific Lesions of the Brain Resulting from Syphilis and their Influence upon Diagnosis, Prognosis and Treatment.

Eskridge, in the *Jour. of the Amer. Med. Asso.* January 4th, 1902, classifies the intracranial pathological conditions of syphilis of the brain as follows: "(1). The specific of luetic lesions, those that are caused by poison of syphilis and nothing else; (2) those lesions of the brain that may have a specific or non-specific origin; and (3) the non-specific lesions of the brain that occur as indirect results of the syphilitic virus." The gumma when first observed, especially in the meninges, is a small area of inflammation which becomes a knot of granulation tissue described as gray, grayish red, semi-translucent, and gelatinous. The granulation becomes fibro-cellular. This mass increases in size and the center soon becomes caseous. The inflammatory product which results from the syphilitic poison is not highly organized and shows a marked tendency to degeneration. He contends that one of the chief characteristics of specific intra-cranial inflammation, especially of the meninges, is its tendency to hyperplasia. He states that it is almost universally conceded that the nerve fibers and the brain structure possess a greater immunity from the syphilitic virus primarily than do the meninges, nerve sheaths and blood vessel walls. The statement that the brain and nerve substances are never a primary seat of specific inflammation, he thinks, is doubtful to say the least. Gummata may produce intra-cranial lesions of a non-specific character by their presence, lessening the intra-cranial space by their irritating effects and encroaching upon and injuring adjacent structures. He emphasizes the importance of differentiating between the direct and indirect effects of syphilis. For the primary lesions early in the disease, specific medicaments are at our command, while for the indirect lesions there are no known remedies of special value. In discussing the blood vessel lesions, he mentions that the walls of the medium and sometimes of the larger arteries of the brain are affected. The inflammatory process involves the inner coats of the vessels and often shows a tendency to obliterate the caliber of the affected blood vessels. Occasionally, the caliber of the vessel is closed, and, unless the collateral circulation of the affected vessel be sufficient to insure a sufficient supply of blood, necrotic softening of the brain follows. The caliber of the vessel may be only partially occluded and its final closure may be due to thrombosis. The poison of syphilis



is also responsible for many of the nerve degenerations, both nuclear and system. He contends that we may conclude "that the blood vessel walls of the intra-cranial tissues are most vulnerable to the virus of syphilis."

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ISTHMIAN CANAL.—In the *Medical News*, January 4, 1902, G. A. Soper in an article on the "Sanitary Aspects of the Panama and Nicaragua Canals," gives the following summary of conclusions:

1. Both the Panama and Nicaragua routes pass through a country which is extremely unfavorable to health.
2. The climate of Nicaragua and Panama differ chiefly with respect to rainfall, the precipitation on the Panama route being distinctly the less unfavorable to health.
3. Considerations of soil, topography and the nature of the engineering work to be done are in favor of Panama. Fewer men would be required; they would be concentrated and, hence, their health could be more easily protected.
4. There is practically no difference in the nature of the diseases to be anticipated, nor in the precautions to be taken to protect health in either case.
5. After construction, the difficulty of controlling health conditions along the line would be greater on the Nicaragua route.
6. The shorter Panama route would cause passing vessels to be exposed to the possibilities of infection for a much briefer period. The danger of communicating diseases to and from the Isthmus is fairly represented by the difference in time which it would take ships to pass from ocean to ocean by the two routes.
7. The likelihood of the canal becoming a disease focus, thus interfering with commerce, by requiring all healthy ports to quarantine against ships passing the Isthmus, is much greater in the case of Nicaragua than Panama.
8. Although the Panama health records are much darkened by heavy losses of life by disease, this is not to be construed as evidence of the existence of conditions favoring a greater immunity from sickness along the Nicaragua line. More lives have been lost at Panama because more lives have been unnecessarily exposed. The experience of Panama is to be taken as a warning of conditions which are liable to be repeated on either route.
9. Whichever canal is selected, extraordinary care will be re-

quired to maintain satisfactory health conditions during construction and after completion of the work.

10. Plans and preparations in detail for the organization of an efficient sanitary and medical department should be made as early as possible so that the measures necessary for the prevention of disease may be carried on in harmony with the engineering projects.

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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INJURED HANDS.—In bad injuries of the fingers, in which you consider rest essential, it is often best to splint the hand and whole forearm, as nothing else will induce certain patients to keep the limb quiet.—*Internat Jour. Surgery*.

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SHOT IN THE APPENDIX.—At a late meeting of the St. Louis Academy of Medical and Surgical Sciences, Dr. A. C. Bernays exhibited an appendix removed for gangrene, in which the causative agent was found to be a large shot. In more than 500 operations for appendicitis this is only the third foreign body he has found.—*Reg. Med. Visitor*

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THE BEST ANESTHETIC.—In a discussion of the safest anesthetic to use in diseases of the heart, Hare (*American Journal of the Medical Sciences*, August, 1901,) states that the cardio-vascular system of patients who are going to be anesthetised should be more carefully studied than is customary. Ether greatly increases the arterial tension and where the latter is high the administration of ether is directly contraindicated.—*Buffalo Med. Jour*.

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SUBCUTANEOUS RUPTURE OF THE INTESTINE.—In an article by Karplus, in the *Wiener Med Wochenschrift*, p. 1, No. 29, the subject is illustrated by the most interesting case of a man who was



wearing a truss for inguinal hernia. The apparatus was struck a heavy blow just over the button, with immediate symptoms of vomiting, pain, etc., which persisted for a few hours and then passed away. At the expiration of two days the man went into a collapse and gave every evidence of perforation of the bowel. At an operation undertaken six hours later there was found a perforation in a gangrenous area, this latter, no doubt, resulting from the blow above mentioned. The case terminated fatally.—*Reg. Med. Visitor.*

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INCISION IN LAPAROTOMY, PREVENTION OF POST-OPERATIVE HERNIA.—A. H. Buck, F. R. C. S. (*British Medical Jour.*) holds that: (1) Division of aponeurosis without supporting muscle is bad, as is evidenced by the frequency of ventral hernia after such a procedure. (2) Division of muscle in the direction of the fibres can not be satisfactory if it entails division of motor nerve fibres. (3) Nor can such division be satisfactory unless supported by other uninjured muscle or aponeurosis. Hence, the author has adopted the following method of incision: The skin, superficial fascia, and fat are carefully incised down to the anterior layer of the sheath of the rectus muscle. This anterior layer is next carefully divided about one inch from the inner margin of the muscle, the incision being as long as is necessary. Great care is taken not to injure the muscle fibres. The muscle is next carefully enucleated outward from its sheath, and held out of the way, while an incision is made in the posterior layer of the sheath, and the operation is proceeded with. The operation being completed, the posterior layer of the sheath is sutured, the muscle allowed to slide back into place, and the anterior layer sutured, together with the fascia and skin. In this way the body of the muscle comes to lie directly over the sutured wounds and protects it.—*Progressive Med.* Jan. 1902.

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THE SENSE OF SMELL IN SURGERY.—A writer in the *Texas Medical Journal*, for October, advocates the use of the sense of smell in surgery for a perforation of the intestines. He has advised an instrument to facilitate the detection of the aroma of escaping gas or intestinal fluids when perforation of the bowel is present. The instrument has been used successfully upon dogs, rabbits and pigs, and once upon a human being.

## BOOK REVIEWS.

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ESSENTIALS OF OBSTETRICS.—By Charles Jewett, A. M., M. D., Sc. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, and Obstetrician and Gynecologist to the Hospital, etc. New (2d) edition, revised and enlarged. In one 12 mo. volume of 376 pages, with 80 engravings and 5 colored plates. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The author states in the preface that the object of the book is to “place the essential facts and principles of obstetrics within easy grasp of the student.” A perusal of the volume leads one to conclude that the author has accomplished his aim in a most satisfactory manner. History, theory, and the minute details are added. The language is concise and clear, the type clear and large, and the illustrations good. We know of no work on obstetrics of the same scope and character more deserving of commendation than this.

M. F. P.

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MANUAL OF PHYSICAL DIAGNOSIS.—For the use of Students and Physicians. By James Tyson, M. D., Professor of Medicine in the University of Pennsylvania and Physician to the University Hospital; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Fourth Edition, Revised and Enlarged. With Colored and other Illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. 1901. 12mo. Cloth, \$1.50 net.

The third edition of this excellent little volume on physical diagnosis has been carefully revised and enlarged by something over twenty pages. The previous edition was noticed in this journal, and it is only necessary to repeat the high opinion then expressed of its value as a work of ready reference which contains



within a small compass the salient practical points of physical diagnosis.

G. W. M.

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TRANSACTIONS OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—Complete account of Ninth Annual Meeting held at Washington, D. C., September 19, 20, and 21, 1899; also Tenth Annual Meeting held at New York City, September 25, 26, and 27, 1900. Illustrated. Pages xv-391. Size, 9 1-4 by 6 1-4 inches. Price, Extra Cloth, \$2.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The proceedings of the ninth annual meeting of the American Electro-Therapeutic Association is a very interesting and readable volume, containing something over forty carefully prepared essays by some of the best known men in this line of work on both sides of the Atlantic. The papers by Dr. Massey on the cataphoric treatment of cancer, by Apostoli on the therapeutic actions of high-frequency currents in arthritism are especially worthy of note, as are many of the others.

The volume contains 390 pages, and is very creditable in every way to the Association whose work it represents.

G. W. M.

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GENERAL SURGERY.—Edited by John B. Murphy, M. D., Professor of Surgery, Northwestern University Medical School, November, 1901. Chicago. The Year Book Publishers, 40 Dearborn Street. ,

This is Vol. II. of the "Practical Medicine Series of Year Books," which comprises ten volumes, issued monthly, on the year's progress in medicine and surgery, under the general editorial charge of Gustavus P. Head, M. D., professor of Laryngology and Rhinology, Chicago Post Graduate Medical School.

The purpose of the work, as announced in the preface, is to "survey the surgical labor of the year." A perusal of the volume will convince anyone that the author has accomplished his purpose in a manner highly satisfactory. We do not see how the work could be done better within the same scope. The book is an octavo of 515 pages including the index. The illustrations are numerous and

good, the type plain and the paper and binding fair—as good as need be for practical purposes, but not the best. The price of separate volumes range from \$1.25 to \$2.00. The price of the series is \$7.50.

M. F. P.

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SIMON'S MANUAAL OF CHEMISTRY.—A guide to lectures and laboratory work for beginners in Chemistry, specially adapted for students of medicine, pharmacy and dentistry. By W. Simon, Ph. D., M. L., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, in the Maryland College of Pharmacy, and in the Baltimore College of Dental Surgery. Seventh edition. Thoroughly revised and much enlarged. In one octavo volume of 613 pages with 66 engravings, one colored spectra plate and 8 colored plates representing 64 of the most important chemical reactions. Cloth, \$3.00, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

This is one of the very best works upon chemistry with which I am acquainted. It is both theoretical and practical in its scope, and covers the fields of both organic and inorganic chemistry. The section of the work dealing with analytical chemistry, and especially the volumetric methods which are the only ones practical in clinical work, on account of the large amount of time and technical skill required for gravimetric processes, is very satisfactory. Physiologic-al chemistry is discussed within a compass of 100 pages in a most admirable manner. An intereting and valuable feature of the work is a series of colored diagrams illustrating the most important color reactions of the metals, and benzene derivatives, alkaloids, and, most important to the practical physician, the physiological reactions such as biuret, indican, murexid, etc.

The spectroscope receives some attention, but hardly so much as its growing importance in clinical diagnosis would seem to demand.

The student or physician who is familiar with the contents of this volume will know all that it is necessary for him to know on the subject of which it treats, and I have no hesitation in recommending its purchase to every one concerned, and that means, of course, every intelligent physician.

G. W. M.



THE PRACTICAL MEDICAL SERIES OF THE YEAR BOOKS.—Comprising ten volumes on the year's progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D. Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School.

Volume I, General Medicine, Edited by Frank Billings, M. S., M. D. Head of the medical department and Dean of the faculty of the Rush Medical College, Chicago, with the collaboration of S. C. Stanton, M. D.

October, 1901.

Chicago. The Year Book Publishers, 40 Dearborn Street.

The medical profession is getting pretty well supplied with serial publications aiming to give general reviews of progress in the different departments of medical science. The utility of such works is beyond question and is recognized by physicians in general as shown by the success of previous ventures of this sort. The present candidate for the patronage of the profession emanates from Chicago and is strictly a Chicago affair, lacking thereby the national or international aspect presented by a work resulting from men selected over a large territory because of their supposed peculiar fitness for the field assigned to them. It must be conceded, however, that that plan outlined in the present series has its advantages, chief among which is the close touch which the editorial staff has with each other and with the office of publication. With the splendid personnel of the medical profession of this great western metropolis one does not need to have any apprehension as to a low standard in the character of the work. The entire series is under the general editorial charge of Dr. Gustavus P Head.

The first volume, edited by Dr. Frank Billings with the collaboration of Dr. S. C. Stanton, deals with the subject of general medicine or rather "general diseases" except those of the alimentary tract and some others which may be "more seasonably presented in the May volume"—the subject of general medicine being divided in two volumes issued in October and May. The selections from the immense mass of current medical literature from which the abstracts for the volume are made, has been done judiciously, and the volume on the whole is very well balanced, and gives in a moderate compass the most important facts and views worthy of note presented during the preceding year. I have been unable to find more than

perhaps half a dozen references to literature back of the year 1901, and, as the volume is published in October and must be prepared before that time, it would seem quite possible that if this plan is adhered to, some important communications occurring in the last quarter of the preceeding year might be overlooked. It would seem as though approximately one-quarter of the reference in the present volume should be dated 1900 instead of 1901.

Space will not permit of a detailed analysis of the different sections. The volume opens with a chapter on tuberculosis which contains abstracts of some very important communications on this subject which is possibly the most important one in practical medicine to-day. In looking over the various therapeutic suggestions, as usual in diseases of so obstinate a character, one is struck by the diversity of opinions and practices. There is one feature, however, noticable in all recent discussions of this subject, and that is the growing belief that pulmonary tuberculosis can be successfully treated in most climates with properly constructed sanatoria. This is the only way in which the great mass of tuberculous poor can ever be reached by such lines of treatment, and it is to be sincerely hoped that before long every State in the Union will have at least one or better, several such institutions within its borders. The fact cannot be too strongly impressed that tuberculosis is largely a curable disease if recognized early, and the use of tuberculin for this early recognition is too little employed at the present time. The symptoms of early tuberculosis can only create suspicion, and this suspicion should be as it can be either confirmed or dispelled by the early use of tuberculin for diagnostic purposes.

Diseases of the circulatory organs and the general infectious diseases follow, and there are many things worthy of note which cannot be considered here.

The series is the least expensive of anything as yet attempted on so large a scale, and will doubtless meet a kind and generous reception, especially by the physicians of the middle west to whom, and indeed to all others, it is highly commended.

G. W. M.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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MARCH, 1902.

No. 3.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### ON THE BORDERLINE OF SURGERY.\*

BY DR. BAYARD HOLMES, of Chicago.

If we look back at the history of medicine and surgery, we find that it is divided distinctly into three epochs. The first is the epoch of humoral pathology, which extends from the earliest times to the monumental work of Virchow, in 1858. The second epoch was the period of cellular pathology, and extended from the publication of Virchow's thesis to the demonstrations of Pasteur, 1882. The third period is the period in which we live, the period of biological pathology, which extends from the publications of Pasteur, and Lister, to the present time.

It is remarkable that Virchow and Pasteur were born almost within the same year. The former did his greatest work at once and was recognized at once by the medical profession of the world while the latter did a much greater though later work and is still only sparingly appreciated.

Unless all signs fail we are now entering upon an era which promises as great a revolution in medicine and surgery as any in the

Read before the St. Joseph County Medical Society at South Bend, Ind.,  
Tuesday, January 28th, 1902.

past. It is the period of chemico-physical pathology and a complete revolution in physiology and a complete re-organization of all our theories of life and the so-called vital functions. The cellular pathology was the contribution of the universities of Germany. The biological pathology was initiated in the extra-medical laboratories of France and first applied by Lister in the clinics of Great Britain, but largely adopted and extended in the laboratories and clinics of Germany and the rest of the world. The present movement in physio-chemical pathology is distinctly of American initiative. It comes, strange enough, from the combination of social motives worked out in the biological laboratories. It is the contribution of the unendowed university by the sea. It consists essentially of the study of cell life and growth at its lowest terms, but it is applicable directly to the physiology and pathology of man. It is safe to say that the physiology and pathology of the past half century must be rewritten and largely supplemented by the new light which has been thrown out from the investigations of enzymes, ions and electrons as applied to growth and assimilation, and the various manifestations of tropism as applied to development and growth. In the future physiology and pathology the ion and the electron are likely to play as large a part as the micrococcus and the bacillus played in the past.

FAT NECROSIS AND PANCREATITIS.—During the past year and a half something more than eight articles have appeared on fat necrosis, either directly or indirectly connected with disease of the biliary tract or with the so-called acute pancreatitis. An unusual amount of literature has also appeared in relation to the action of lipase. It is only necessary for me to refer to the fact that there are certain clinical manifestations which have unfortunately been recognized only at the post-mortem as fat necrosis. This condition is best understood when we have studied the action of the ferment or enzyme lipase. This enzyme is found in every cell in the body, and without it no facts could possibly be taken up from the intestinal tract, and no fats could be deposited in the various cells of the body. This substance is secreted in greatest abundance by the pancreas, and in the process of the so-called fat necrosis it is believed that the enzyme is forced out of the pancreas through the lymph spaces and into the connective tissue of the omentum. The symptoms of the disease and the course and termination is illustrated by the papers of Drs. Evans and Beck, which are accessible



to all. It is usually initiated by an attack of severe vomiting attended with tympanites and sometimes by a rise of temperature which points toward peritonitis. It is frequently mistaken for general peritonitis, either as the rupture of a coincidentally distended bile passage, or as the result of a ruptured appendix or Fallopian tube. Patients have been operated upon either with an obscure diagnosis, or with the diagnosis of tubercular peritonitis, the nodular condition of the omentum has led the operator to close the abdomen with a diagnosis of tubercular peritonitis. But fortunately in at least two such cases subsequent examinations of portions of the omentum removed at the time of the operation has shown the case to be one of simple fat necrosis. One of these patients, at least, has lived to go through several subsequent attacks. If the stools are examined during an attack of fat necrosis, or if the washings from the colon after the second or third day are examined for fat, it is found in the greatest abundance, especially if the patient has been fed on butter or other emulsified fats for the purpose of increasing the obviousness of the test. Usually on account of the permanent character of the obstruction to the pancreatic duct, the patient goes on to death, but in several cases where the clinical and even the pathological diagnosis has been made, the patients have recovered, and been observed in succeeding attacks of equal severity.

From a surgical standpoint, simple pancreatitis is interesting because a simple enlarged pancreas with deep-seated pain and symptoms of colic, prostration and peritonitis, have been mistaken for stone in the cystic duct or in the common duct. Such cases have been reported by Mayo Robson. It is also of interest because this condition has been mistaken for appendicitis and for peritonitis due to infection.

ON THE ACTION OF GRAVITY IN LOCALIZING A GENERAL  
tram Sippy, Dr. Van Hook, and Dr. Alford had an opportunity of examining a patient for several months who suffered from multiple fecal fistula as the result of a late operation for appendicitis. In the course of their studies, they found that a few ounces of any liquid was transported by a sort of reverse peristaltic action of the colon to the ileo-cecal valve in less than two minutes. In the same manner fluids were carried to the fistula located in the small intestine several feet from the ileo-cecal valve in the course of two, three, and ten minutes. The exact results of these observations

will doubtless be published in the course of the year, but I believe I am violating no confidence in reporting them at this time in connection with my note on appendicitis.

ON THE ACTION OF GRAVITY IN LOCALIZATION A GENERAL PERITONITIS.—Dr. A. E. Halstead, during the past two years, has put his patients with infection of the peritoneal cavity in a semi-recumbent position immediately after washing out the abdomen and establishing adequate drainage through the vagina or abdominal wall. He believes that the infected fluids sink to the pelvis under such circumstances, and the distended intestines rise to the upper part of the abdominal cavity. I believe that this is a fact, and that whenever the general abdominal cavity has been washed out after the rupture of a suppurating appendix or an appendicular abscess, that it is good policy to drain in the most dependent portion of the pelvis and keep in as nearly an erect position as possible.

ON THE INCISION OF THE CAPSULE OF THE KIDNEY FOR CHRONIC NEPHRITIS.—It has long been known to all experimenters and operators that no organ in the body has a greater regenerative power after prolonged insult than the kidney. When a thin layer of kidney substance has survived a long-continued hydro-nephrosis and the operator has restored the function of the ureter, this thin rind of kidney in a most incredibly short time fills up the distended pelvis with normal secreting kidney tissue. The same thing has been noticed in another way when a kidney has been explored by incision through the cortex, and later has come to post-mortem. The greatest difficulty is met with in deciding where the incision had been made, so perfect and so rapid is the regeneration of the injured kidney substance, and even of the capsule itself. It is likely, therefore, that Edebohls has been able to remove a portion of a hitherto undisputed province of medicine into the domain of surgery. The result of operations of a similar kind upon the kidney and spleen of animals and even upon the liver in the course of chronic alcoholic cirrhosis is confirmatory of the good results reported by Edebohls. Similar operations have previously been undertaken by gynecologists on the tubes and ovaries and they are doubtless all of them in a line with what may be read by the most cursory student in relation to regeneration. (Morgan.)

The history of our studies of regeneration in animals almost encourages us to prophesy that when we understand the various



exciting conditions which govern scar formation, we may some time see surgeons practicing the regeneration of whole organs in man, for example. the kidney, or a thumb, the same as follows spontaneously the removal of analogous parts in the crustaceans and the radiates. When a lobster loses the antenna, an antenna is reproduced; when he loses an eye, a perfect eye is reproduced. When a planaria is decapitated the head produces a body and the body produces a head, and when a graft is made in the body of a hydra or planaria, the same thing follows, the grafts that produce upwards produce heads, and the grafts that point downwards produce bodies and tails. A very large number of facts have been developed in relation to regeneration, and there is every reason to believe that some of these will be utilized in the near future, and surgery, instead of being a maiming and deforming art, may become productive and regenerative.

THE TREATMENT OF EMPYEMA.—We all remember the methods of Bulow, who aspirated continuously the pus from the pleural cavity by means of a needle and a receptacle or bottle attached to an air-pump, or connected with the patient's mouth by a rubber tube and a valve. In these days of more careful nursing, we find that this principle has been taken advantage of by Dr. Weller Van Hook, who has applied the Bunsen air-pump produced by a stream of running water to the evacuation of a pleural suppuration. Although there is nothing new in the principle, the technique is simplified by the glass pump, the stream of running water and the ease with which the canula can be introduced between the ribs under local anesthesia. This method, so simple and so effective, ought to be used not only in every case of double empyema, but in every case of one-sided empyema, at least in the beginning of treatment, and until the cavity is nearly closed and the lung has resumed its function.

ON PROSTATECTOMY.—The history of prostatic disease is now undergoing the same evolution which has attended appendicitis since 1885. In those days we only saw the healthy appendix and the perityphlitic abscess on the post-mortem table. It was only after the removal of many appendices in the first stages of their infection that the true course and proper understanding of the termination of appendicitis was made out. We are just beginning now to understand the pathology and course of hypertrophy of the prostate. Suprapubic prostatectomy has been of great assistance

to this study, but the perineal method by a straight, curved or angular incision from the tuberosity of the ischia promises to make prostatectomy as common and almost as valuable as a life-saving procedure as appendectomy has been. When we take into consideration the number of cases that are entirely relieved by the Bottini operation, and look forward to the relief of those hypertrophies of the lateral lobes which the Bottini has failed so far to reach, and when we consider the ease and true surgical method of removing the glands by way of the perineum, we can prophesy for this operation the most brilliant future. Almost half of all men who reach the age of sixty-five die directly or indirectly from the results of the hypertrophied prostate. Now, at last we have a safe and efficient method of saving these old men a comfortable old age by a simple and safe procedure.

APPENDICITIS.—One would think after consulting the literature of the past ten years that the last word had already been said on appendicitis. I held this opinion myself until I listened to the Chairman's address at the Section on Surgery in the association meeting at St. Paul last June. This address was published in the *Journal of the American Medical Association* for June 22nd, and it practically put all cases of active appendicitis into the hands of the physician to be treated by lavage of the stomach, small enemas for nutrition, and absolute starvation and the denial of all liquids by the mouth. To this is also added the application of boric acid and alcohol as a hot dressing over the abdomen, for the relief of pain and for the production of a change in the direction of the lymph stream. An essential feature of this treatment consists in the assumption that the omentum is accustomed to wall off any inflammatory process about the appendix, and form a sort of cup to hold the extruded pus, and wait for the operation which the surgeon is to perform after all acute symptoms have passed. A more insidious heresy than this has not crept into surgical literature since the early seventies. This article has been copied far and wide, and two cases illustrating the fallacy of the treatment have come under my observation during the past two months.

S. B. was the son of a doctor, and a student of medicine. He was taken sick early in July upon a Sunday evening, with pain in the abdomen at the pit of the stomach, and vomiting. The vomiting did not relieve the pain. It continued all night. In the morning his father saw him, and made a provisional diagnosis of ap-



pendicitis. He began the starvation method of treatment. This was continued uninterruptedly until Wednesday night, with temperature varying between 100 degrees and 102 degrees and pulse varying between 80 and 96. Wednesday evening he was seen by a physician of good repute, who suggested the propriety of continuing the starvation treatment, as it was still too late for an early operation, and too early for a late operation.

Thursday morning, at 6 o'clock, while I was eating my early breakfast, the father telephoned me that he would like to have me see his son. He told me that his son was very sick, and he hoped I could come right away. I examined him at 6:30, after his sleepless night. Near 2 o'clock in the morning his pain had suddenly disappeared, his temperature had fallen to normal, but his pulse had risen to 120. His abdomen was considerably distended, very tender, and slightly tympanitic. His tongue was coated, but not dry; he had a peculiar pallor, with which there was mixed a sort of icterus. An examination by the rectum showed that the pelvic peritoneum was excessively tender, apparently edematous and bulging. A specimen of urine was taken for examination, and showed a considerable quantity of albumin on the spot. His voice was full, but jerky, and his cerebration was somewhat clouded.

After withdrawing to another room, I assured the father that it was a case of ruptured appendicitis, with more or less general peritonitis. I deplored the desperate condition of the patient, but assured him that as I valued my own sanity, I could recommend nothing but immediate removal of the appendix, and drainage of the peritoneal cavity.

Leaving all the arrangements with my son, I went to my lecture, and before the hour was half over I was informed that the patient had been transported a short distance to the hospital, and was undergoing preparations for the operation. At 10 o'clock the operation was over. The examination at the hospital had shown a terrible nephritis of an exfoliative character. The urine was loaded with granular casts beyond anything that I had ever seen before. The leucocyte count had discovered 22,000 leucocytes to the cubic millimeter of blood. In spite of all these things, or, compelled by all these unfavorable conditions, I had opened the abdomen, removed the appendix without any difficulty, and drained an extensive pelvic abscess, washing out carefully with normal salt solution, and packing the whole pelvis with plain and iodoform

gauze. The drainage was made through the ordinary incision on the lateral border of the rectus muscle. There was no drainage into the rectum.

For forty-eight hours the patient did fairly well; his appearance improved, his pulse became better, he secreted urine still loaded with albumin and casts, but he died suddenly, fifty-two hours after the operation.

A post-mortem examination was made six hours after death. The whole pelvis was found packed with the drainage, and considerable masses of adhesions closed off this cavity from the rest of the peritoneal cavity, but in the region just above the pelvis the intestines were found covered with white or gray adherent lymph. There was no effusion and the dressings were relatively dry. The infection consisted of the staphylococcus, the streptococcus, the colon bacilli, and several forms of unrecognized micro-organisms.

On Sunday, Dec. 15th, 1901, I saw a patient, twenty-five years old, a secretary and confidential man in a large business house, with Dr. C. E. Paddock. The patient had been taken sick on Thursday, the 12th, with abdominal pains and slight vomiting. He had, however, been to his office, and done his regular work until Saturday night, when he suffered so intensely that his brother took him home in a carriage. Saturday night and Sunday morning he had intense abdominal pain at the pit of the stomach, and vomited slightly several times. Sunday morning Dr. Paddock was called and saw the patient about 10 o'clock. His temperature at that time was 104 1-2 degrees; pulse 110 and he was suffering intense abdominal pain. This pain was so severe that it could be termed a colic. Dr. Paddock made a careful examination, and determined that the patient was suffering from an appendicitis, informed the family of his condition, and recommended immediate consultation with a surgeon. He saw him the second time about 1 o'clock. His symptoms were all aggravated, though the pulse and temperature remained about the same. At this time the family consented to a consultation, and I saw him at 4 o'clock. When I entered the room I noted the Hippocratic look; I felt the pulse, and found it in the region of 150; his temperature had fallen to 100 degrees, and he was entirely relieved of his pain. His family considered him in a much better condition, and one of his brothers was preparing to go out and make a call. The abdomen was tympanitic, and as tender in one place as another. The area of ordinary hepatic dull-



ness was displaced by an area of tympany. The pelvic peritoneum as disclosed by a rectal examination was edematous and bulging and tender. After consultation with the family, he was put upon a stretcher, and carried by two strong men a couple of blocks to the hospital. When he entered the hospital at 6 p. m., his pulse was 130; his temperature 102.4 degrees in the rectum, and his respirations 36. A blood count was made, and the leucocytes numbered 18,000. The urine was examined. It was red, but transparent, had an acid reaction, a specific gravity of 120, there was a moderate quantity of albumin, and a large sediment of granular casts with red blood cells and leucocytes. The abdomen was immediately shaved, the patient anesthetized, the appendix removed, and every effort possible was made to thoroughly drain the pelvis, which contained about a pint of sero-purulent fluid. The intestines were covered with masses of lymph, which could not be removed without tearing away their peritoneal covering. The large abdominal drain containing a rubber tube and a large glass tube was introduced into the pelvis, and the whole abdominal cavity was flushed out with normal salt solution from above. The patient was put in a semi-recumbent position, and placed in bed.

His general condition at the end of the operation was good. His pulse was 112; his temperature was 104 degrees, and his respirations 36.

During the three following days that he lived, the abdominal cavity was washed out through the glass tube, and the drainage tube, with from two to four quarts of normal salt solution, running from a fountain syringe two feet high, every two hours. The irrigation ordinarily lasted three-quarters of an hour, and required absolutely no effort, and produced absolutely no discomfort to the patient. Urine was secreted in large quantities; the pulse varied from 150 at the highest to 110 at the lowest. His temperature was ordinarily normal or 99 degrees, but towards the end it rose to 102 degrees, 103 degrees and 106 degrees when he died. The urine was never free from albumin; the leucocytosis never fell below 1500. About two hours before he died he was taken with a severe pain in his right side. It was necessary to give him a quarter of a grain of morphine. This relieved the pain, but the temperature and pulse rose and he died in coma, two hours after the beginning of the unfavorable symptoms.

During the whole time from the end of the operation to the

attack of pain in the chest he was perfectly comfortable, his mind was clear, and he was free from all but the slightest colicky pains. Everyone who saw him, men who have had great experience in abdominal surgery, declared their belief that he was bound to recover, but, knowing the conditions in his abdomen, I never felt the slightest hope, and told his family to prepare for the worst, directly after the operation and at each subsequent consultation.

So far as my own surgical conscience is concerned, every case of appendicitis in which a relatively exclusive diagnosis has been made is a case for immediate surgical procedure. As a St. Louis doctor said on the floor of the Medical Section of the Association at St. Paul last June, no case of appendicitis is too early for operation and no case is too late. Practicing surgery myself, there are cases of appendicitis where I am glad if the patient chooses medical treatment though I never recommend it. Two such cases I have already recounted.

When the scientific and conscientious medical man is ready to treat by rest, by starvation and by boric acid and alcohol stupes every case of acute osteomyelitis, every case of acute empyema and gangrene of the lung, every case of acute suppurative middle ear disease and abscess of the brain, and every case of putrescent dental pulp; then will he be consistent when he treats appendicitis by the same method, and not before.

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## EARLY AND ACCURATE DIAGNOSIS AND PROMPT OPERATION IN APPENDICITIS.\*

By Dr. C. A. Daugherty, South Bend, Ind.

Appendicitis is yearly reaping such a rich harvest of human lives and there yet seems to be such a wide diversity of opinion among members of our profession as to the best method of treating the disease, that no apology is needed for writing a paper on the subject.

My surgical experience does not justify my assuming to speak with authority on this disease but my observations have forced me to certain conclusions which I deem of sufficient value to record.

So far as statistics are concerned no one man's experience, unless much larger than that afforded most men, is of great value, but it is the combined experience of the profession as a whole, and

\*Read at the annual meeting of the St. Joseph County Medical Society at South Bend, January 28th, 1902.

finally the consensus of opinion of the profession as a whole that is of real value.

The opinion of any one man based upon his own experience may be modified and materially changed when compared carefully and critically with the combined experience of a large number of equally as good men. But there is one point upon which I believe all may agree, and that is the necessity of early and accurate diagnosis.

Appendicitis is a much more frequent disease than we have been ready to admit, in fact I believe it is a common disease often over-looked.

A symptom always present is fever, and when of sudden onset and associated with colicky pains in the abdomen one's suspicions should always be aroused. Severe colicky pain, even in the appendicular region, which is no stage of its progress has shown any increase of temperature does not indicate a true case of appendicitis, but may be termed appendicular colic existing without inflammatory process, and may be explained as an effort on the part of the appendix to expel mucous or fecal matter through a somewhat narrowed orifice, a condition that often exists and that is often mistaken for a true case of appendicitis. Fever varying from 99.1-2 to 102 and rising somewhat higher in children is an important diagnostic symptom always present at some stage of the disease. While it may not continue for a long period, if it is not present at some stage I would doubt the accuracy of the diagnosis.

The cardinal symptoms as noted by careful observers are these, and in the following order: general abdominal pain, colicky in character, nausea and vomiting, followed by circumscribed tenderness and pain in appendicular region, and fever. Some writer has said that "pronounced tenderness and pain on pressure in the appendicular region is as pathognomonic of appendicitis as is rusty colored sputa in pneumonia." I might add, if in addition you have a history of nausea and vomiting, fever however slight, rigidity of right rectus muscle, the diagnosis of appendicitis may be made with absolute certainty. With these cardinal symptoms well in mind the diagnosis is so easy and certain that the merest tyro should never be mistaken or hesitate to come to definite conclusions promptly in typical cases. But unfortunately all cases are not typical and there are so many variations in the severity of the at-



tacks in the different varieties of the disease that occasionally the most expert diagnostician may err.

For instance, owing to adhesions from former attacks on an abnormally long appendix the pain may be in an unusual location, or the patient may not be seen until fever, which may be slight, has passed, hence no perfect history is obtained, or the patient may mislead the physician by his self diagnosis, magnifying some symptoms and minimizing others.

Again it may occur in conjunction with or as a complication of other diseases. That it does occur as a complication in typhoid fever has been frequently proven.

I once saw a case in consultation with a physician of this city where it occurred in conjunction with renal colic. The attack began without fever, hamaturia present, and pain radiating to groin and testicle, and before the above symptoms had subsided a recurrence of pain in right iliac fossa. A diagnosis of appendicitis was then made and after the consent of patient, and all his relatives, both near and remote, had been obtained for an operation, the abdomen was opened and found full of pus from a ruptured appendix. I have the utmost confidence in the diagnostic ability of the physician who had charge of the case and fully believe that the patient suffered from renal colic at the same time he had appendicitis and that he died from the latter disease.

I refer to this case for the purpose only of urging careful observation in all cases of abdominal pain and that you keep well in mind the cardinal symptoms of appendicitis so that even with other co-existent disease you may not be misled. It is unpleasant after the patient's death to have your original diagnosis overshadowed with doubt.

Prompt and accurate diagnosis is more essential in this than in most diseases because frequently prompt action is a necessary element for the safety of your patient. Remembering some of my own mistakes in the past and believing that appendicitis is an extremely frequent disease, permit me to urge careful and continual observation of any case which gives a history of attacks of indigestion or colicky pains in abdomen.

Now grant that a diagnosis of appendicitis has been made, the question immediately arises what shall be done? It is an important question and one that ought not to leave us hesitating between two opinions.

We should have definite pre-conceived, well digested opinions on it. Does any medical treatment promise us a certain cure? Can we positively assert that any medicine, diet or treatment, will in any manner affect or limit the course of the disease or prevent its return at an inopportune time? If not, why treat it medically?

About one year ago I wrote a paper on this subject, at the invitation of the Elkhart County Medical Society, and read it at their annual meeting in Goshen. In that paper I stated that I believed that, as soon as a positive diagnosis of appendicitis was made, immediate surgical interference promised the best hope for the patient's recovery. After one more year's experience I see no reason to change this conclusion.

I must confess that, after hearing Dr. Oschner's address in St. Paul at the meeting of the American Medical Association, and afterward reading it in the *Journal* and talking with him later on the subject, I came very nearly being seduced by his attractive statistics and fine theories of starving and waiting.

Dr. Oschner's theories are attractive, and will furnish some classes of practitioners ample authority to hide behind when they have neither the courage to operate nor confidence in their diagnosis. I firmly believe that his paper and the position he takes will be productive of great harm, and may cost this country many valuable lives for a few years. I grant you that the conditions which surround him are more favorable for the success of his theories than those are which surround most of us, and that under his skillful hand and the observation of his well trained assistants the danger of waiting is not so great as it would be with most of us.

In a hospital where the doctor's power is absolute, with the patient under the constant care and attention of trained nurses, where the operation may be performed at such time as in the judgment of the operator the best results may be obtained, Dr. Oschner may attain a striking and attractive record, but even then I believe his results would be better if prompt operation were done.

I suppose that in so-called mild catarrhal cases his starvation theory may be of some avail in shortening that particular attack, but if that attack should prove to be a suppurative one and perforation occur, or peritonitis follow, of what avail has waiting been, or even if it should avail and prevent peritonitis by a walling off process what has been gained?

An operation is just as necessary and rendered ten times more



difficult for the operator and equally that many more times dangerous to the patient. An early operation, before pus has formed, is certainly fraught with less danger than an operation where a walled off abscess exists.

I regard Dr. Oschner as a remarkably skillful operator, but, on this subject, a dangerous teacher. If there is any logical reason for suspecting that a patient has a diseased appendix I can see no good reason for delay in removing it. I must admit that I was sufficiently attracted by his theory to try it on several patients during the past six months and invariably with bad results. I may cite one case,—I found a patient with a typical case of appendicitis who refused to be operated upon the first two days, after that consented to be placed in my care to be treated as I wished. I sent the patient to the hospital where he could be under my observation and receive such treatment and care as I might direct. Starvation was carried on three weeks, patient having absolutely no food or drink by stomach, rectal feeding religiously performed as suggested, with the result, that patient became weak and anemic, pus temperature continued and increased to such an extent that operation or death became imminent. No tumor could be felt, but right rectus muscle showed considerable rigidity and there was marked dullness on percussion over appendiceal abscess. Upon opening the abdomen I found a large appendiceal abscess which had burrowed in several directions, rendering it impossible, or at least unsafe, to amputate the appendix, but abscess cavity was opened and drained. Patient is still in the hospital, some five weeks after operation. Results of waiting may be thus enumerated: a period of three weeks suffering from starvation—increased danger in operation—an open wound to be drained and healed by the slow process of granulation—a fecal fistula which was five weeks in closing—and a possible appendix yet remaining to further threaten life or necessitate a second operation—largely increased expense and loss of time.

I tried it early on two other patients and, while not so disastrous as the above mentioned, it was decidedly unsatisfactory.

I know the general practitioner will in a majority of cases, especially in small towns and country, find it impossible to convince a patient on his first or second visit that he must submit to an immediate operation and especially will this be true if the doctor is, himself, not thoroughly in earnest.

There is a great difference in men. A positive, determined doctor with well grounded convictions of his own, and able to give the reasons for the faith that is in him, will usually have his way, while the hesitating vacillating man will be carried along by the tide of public opinion in his community, or the family in which he practices.

If you do not urge an early operation, as soon as a definite diagnosis is made, you will occasionally find that you will be forced by the condition of your patient to make a late one, only to find that you have delayed until peritonitis has developed.

When in doubt about a diagnosis, I feel justified in immediately calling for professional counsel, and I feel justified in delay until definite diagnosis is made, but after that I believe that delay in operation, whatever the treatment or diet may be, is fraught with more danger to the patient than would follow from immediate surgical interference.

The more I study the ante-mortem and post-mortem pathology of this disease the more am I convinced that early operation is the only method a conscientious practitioner can safely advise. Careful, conservative judgment in making a diagnosis, prompt, immediate and decisive action thereafter, is the proper rule.

In this paper I have not referred to the technique of the operation, which in any event will vary to meet the indications of the particular case, nor have referred to the different varieties of the disease, their course and dangers, but have tried to confine my remarks to the two salient and important points operation.



## *SOCIETY PROCEEDINGS.*

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### ALLEN COUNTY MEDICAL SOCIETY.

At the regular meeting of the Allen County Medical Society held in the County Health Office at the court house, on Tuesday evening, February 4, the following papers were read:

"Cerebral Syphilis," by Dr. B. Van Sweringen. "Manifestations of the Uric Acid Diathesis on the Mucous Tracts," by Dr. Lomas. At the regular meeting on February 18, the following program was carried out:

"Epidermatic Therapeutics," by Dr. Greenwell. Report of a case of "Dermoid Cyst of Ovary," by Dr. Duemling. Both meetings were well attended, and the papers thoroughly discussed. Unfortunately we are unable to give a complete report of either meeting.

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### NORTHERN TRI-STATE MEDICAL ASSOCIATION.

The regular meeting of this association, which was postponed three different times and finally held at Toledo, Ohio, on Tuesday, March 4th, was reported to us as a "frost" from every point of view. But very few of the essayists announced on the program put in an appearance, the attendance was limited to a very small number and the reception of visitors not loaded with cordiality. The morning session was not called until late, and by noon the majority of out of the city members had become disgusted and attended by a few local physicians only. The evening session and banquet was abandoned altogether.

# Fort Wayne Medical Journal-Magazine

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55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### THE ANTI-VACCINATION AGITATION IN ENGLAND.

The anti-vaccinationists secured a victory in England when compulsory vaccination was entirely abolished in that country. That the cranks and fanatics styling themselves "anti-vaccinationists" were able to influence legislation was largely due to the fact that for many years England was comparatively free from smallpox as a result of earlier thorough vaccinations. Another thing that tended to influence legislation in the line of laxity in the enforcement of vaccination, was the mild type of smallpox that prevailed at the time of the agitation. England is now reaping the reward for the foolishness exhibited in abandoning compulsory vac-



cination, and it remains to be seen if the present rather wide-spread epidemic of smallpox in London and many of the other large English cities does not gradually or suddenly develop into a malignant form with all of the frightful results usually attending. Already there is a clamor among many people for the reenactment of compulsory vaccination laws and as a partial offset to the damaging influence caused by the repeal of the compulsory vaccination laws, most of the large companies and corporations employing large numbers of people are insisting upon a certificate of recent successful vaccination before receiving new employes or allowing old ones to continue work. It seems a pity that countless numbers of innocent individuals should suffer the penalty for following the leadership of a lot of ignorant fanatics who will not accept the teaching of either reason or experience. However, it sometimes requires a very bitter experience for some people to learn, and as "a burnt child dreads fire," so will the English people dread the appearance of smallpox when the ravages of the disease have pointed out the folly in neglecting those preventive measures which have emphatically and unmistakably been proven an effective barrier to the development and propagation of the disease.

A. E. B.

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### FOOD ADULTERATION.

The extent to which adulteration of food stuffs is carried is sufficient to cause one to inquire as to the possibility of securing what may be considered "first quality" in any of the large metropolitan markets. Flour, sugar, milk, and in fact every single article classed among food stuffs that can be adulterated is adulterated, and in many instances to such an extent as to be positively dangerous to health. Many states have enacted pure food laws and by the appointment of a pure food commissioner been able to suppress to a more or less extent the more conspicuous frauds in the line of food adulteration. Even this, however, has not proven effectual in many instances as a result of lax, incompetent or dishonest officials.

We have before us a letter from a firm offering to furnish "imitation butter," made in three grades, the highest grade being labeled "full cream butter," and offered as an article equal to the finest butter in appearance and taste and sufficiently close in imitation to genuine creamery butter as to stand the test of examination

by certain pure food commissioners, a fact which the manufacturers have no hesitancy in making known. Quite naturally the price of this inferior article is about one-half the cost of first grade creamery butter, and the temptation to buy such a spurious article is not to be resisted by managers of hotels, restaurants and other institutions where large quantities of butter are consumed. The makers of this spurious article take particular pains to call attention to the great saving in money by using the imitation article rather than the real, and to this argument is added that no one, not even the many so-called pure food commissioners, is able to detect the difference between the imitation and the real.

We have here the old butterine argument reclothed and redecorated. It has been proven time and again that the imitations of butter known under the names butterine, oleomargarine, etc., contain ingredients that when taken in considerable quantity not only retard digestion but are injurious, particularly in the young and those who are otherwise weakened by disease. The manufacturers very skillfully avoid any reference to the digestibility of their products, and rely principally upon the argument that their products taste, smell and look like butter. The acceptance of the argument that any imitation butter is as good as the real butter because it tastes, smells and looks like real butter, is as fallacious as the argument that if fried cat looks, smells and tastes like fried rabbit, (which they say is a fact,) therefore, we are warranted in using fried cats as often as fried rabbits.

The subject of food adulteration is one that demands active attention at the hands of our legislators, and every state in the Union should have a pure food commissioner of unquestioned ability and integrity, with a laboratory and every other facility necessary for detecting food adulteration, and be backed up by a rigorous law making any sort of food adulteration a crime punishable by fine and imprisonment. A \$100 to \$500 fine and a term in a penal institution will deter many from the practice of food adulteration who now profit by such business.

A. E. B.

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#### BAD INVESTMENTS FOR PHYSICIANS.

Never in the history of the United States have there been so many plans and schemes for securing the investment of money in



questionable enterprises as at the present time. All the large newspapers and metropolitan magazines are crowded with advertisements of oil companies, mining companies, telephone companies, and a large number of other organizations that have no other reason for existence than a desire on the part of the promoters to fleece the American people at a time when prosperity is in evidence in all walks of life, and the surplus earnings available for investment. Unsatisfied with newspaper and periodical advertising, many of these companies are flooding the mails with circulars and letters addressed to prospective investors. The promise of large returns from small investments is a tempting bait to the majority of people who receive these personal solicitations. Physicians have always been classed among the most gullible, and are usually ready to fall victims to the snares of swindling concerns offering large returns for money placed with them and for this reason every physician's mail is at the present time greatly increased by these personal solicitations from more or less fraudulent concerns.

For the benefit of many of our readers who may, like Eve, not be able to resist temptation, we wish to say that the conservative, old established and reliable financial papers of the metropolitan districts have denounced fully three-fourths of all the various investment companies, including those dealing in oil and mining stocks, as fraudulent and organized with the avowed purpose of directly or indirectly swindling the American public. As one able and well known financier has said, "if a single one of these companies claiming such wonderful prospects for profit to investors had anything to warrant the claims, it would be unnecessary to go before small investors to secure the means to push the enterprise." In the financial centres like New York and Chicago there are many millions of dollars not only waiting for safe investment, but in many instances willing to take considerable chance in order to secure profit or gain. These millions could be secured by any companies having something to offer which affords even a fair prospect of profit, but being in conservative hands, the scheming promotor knows better than to seek these millions and therefore approaches only the most ignorant and most gullible with schemes which are advertised to give fabulous returns but which in reality will give no returns to anyone but the promotor.

Physicians have in the past been very susceptible to the influence of promoters of various mining schemes, and many a hard-

working and intelligent physician would be several hundred or several thousand dollars better off had he never invested in these schemes. The experience of the past will be duplicated at the present time if physicians do not firmly and emphatically refuse to invest in any of the countless, "get-rich-quickly" schemes that are now offered to the gullible public.

While it is unquestionably a fact that there is now and then a company offering stock to the public which has been organized along legitimate lines and with a fair prospect of making a very modest profit for the investor, yet these companies are so few and far between, and so difficult if not impossible of recognition, that one had best let all alone rather than be trapped by any of the many which are purely fraudulent.

A. E. B.

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### THE FREE CLINIC.

We are accustomed to hearing complaints from physicians in the large cities regarding the injustice of the so-called free clinic and dispensary, originally established for the benefit of the poor, but eventually taken advantage of by others than the poor and in some instances by the wealthy. The complaint is not confined to the large cities, for many of the smaller cities throughout the United States have medical colleges, with free clinics for the poor and to facilitate the teaching of medical students.

It is certainly commendable for the colleges to afford the indigent poor the best medical and surgical attention without cost, the only obligation on the part of the recipient of this attention being that he or she receive such attention before a class or classes of medical students. But it is an injustice to the medical profession at large for the free clinic to be opened to all individuals, and particularly those who are able to pay for any and all medical or surgical services rendered. Professors in colleges are too apt to forget, in their endeavors to establish and maintain a large clinic, with perhaps attending prestige for themselves, that every well-to-do person accepted as a clinical patient at the free clinic is the rightful patron of some physician who would exact a fee for the very services sought and received gratuitously at the clinic. The man who is unjustly deprived of the fee which he ought to have for operating or treating such a patient may perhaps be a



graduate of the school that maintains the free clinic which the patient has gone to, and in this manner the medical college not only steals the business from one of its graduates, but at once becomes the most active and most unscrupulous competitor by encouraging any and all patients to take the free clinic attention in preference to that which is secured only upon payment of legitimate fees.

We have no complaint to offer regarding the aims and objects of the free clinic of the medical colleges, but cannot condemn too severely the present day methods of many institutions which stoop to any and all kinds of practice to obtain material for clinical teaching. The abuses are proportionately less in the very large cities, where thousands of poor people are annually cared for by the free clinics and dispensaries, and who, but for the free clinics would not receive medical and surgical attention for the very good reason that they are unable to pay for it. This does not hold true in the smaller cities where but few individuals are found who are so poor that some fee cannot be paid for professional services. We might cite instances to prove the charge that most of the medical colleges in small cities are maintaining free clinics for a class of individuals amply able to pay, but the fact is already well known and can be testified to by many a physician who has been deprived of fees as a result of financially responsible people leaving him for the purpose of receiving free services at some medical college clinic.

It is time for concerted action on the part of medical men who suffer from this injustice. Medical colleges should have no more rights that we are bound to respect than medical men as individuals. It is as unethical, dishonest and contemptible for a medical college to steal a patient as it is for one medical man to deliberately steal a patient from a confrere, and the breach of the medical college is as deserving of punishment by expulsion from the medical college association and the respect and confidence of medical men as a whole, as the breach of the individual is deserving of expulsion from medical societies and loss of respect among medical men.

It may be argued in the interest of the colleges that a strict observance of the rule permitting only the indigent poor to receive free attention would result in a lack of sufficient material for teaching purposes. We admit the point, but contend that there are now altogether too many medical colleges and the closing of a large

number of institutions because of lack of clinical material, or for any other reason, would be a blessing to the medical profession and to the public which suffers most. But the medical colleges now in existence can secure enough material for clinical teaching without accepting patients who are able to pay and would pay for services but for the reason that they can obtain attention at the clinics without cost. Every community has its poor that must be cared for through public or private charity, and among this class can be found sufficient material, if properly utilized, for all necessary teaching purposes in the medical schools at present in existence. There can be no reasonable defense of the practice of stealing patients from individual members of the medical profession, and the college resorting to such practices should receive the unqualified ill will and censure of every representative medical man in the profession.

A. E. B.

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## NEWS NOTES AND COMMENTS

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MICHIGAN'S BACTERIOLOGIC BUILDING.—The legislature of the State of Michigan has appropriated \$50,000 to be used in the erection of a bacteriological building in connection with the State Agricultural College located at Lansing.

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DEATHS FROM SPINAL COCAINIZATION.—M. F. Legue, *Presse Medicale*, reports two immediate deaths from spinal cocaineization. He believes cerebral congestion, arterio-sclerosis and severe renal lesion as contra indications to the use of cocaine by the intra-arachnoid method.

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COMPULSORY VACCINATION OF RAILROAD EMPLOYEES.—The general manager of the Boston & Maine railroad has issued an order to the effect that the 25,000 employees of the road must be vaccinated. The company employs physicians to vaccinate the employees without charge, but those who prefer may be vaccinated elsewhere and present a certificate to the railroad company testifying to successful vaccination.



CHRISTIAN SCIENTISTS MEET OPPOSITION IN GERMANY.—The spread of the Christian Science faith in Germany has received a blow from the hand of the Emperor, in an edict which forbids the officers and attachées of the imperial court from practicing or sanctioning the methods of Christian Science healers in the treatment of diseased conditions.

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ANTI-STREPTOCOCCUS SERUM IN THE TREATMENT OF SEPTICAEMIA FOLLOWING MASTOID OPERATION.—Dr. Mary F. Hobart, in the *Boston Medical and Surgical Journal*, reports the recovery of a case of septicemia following mastoid operations as a result of the use of anti-streptococcus serum. The essayist believes that in all cases the serum should be used fearlessly and with the same freedom that we now employ antitoxin in diphtheria.

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NECESSITY FOR COMPETENT ANAESTHETISTS.—Death from chloroform anaesthesia is reported at a hospital in Toronto, Can., the house surgeon who was administering the anaesthetic having not fulfilled all the requirements of the Ontario law entitling him to practice his profession. A coroner's jury acquitted the house surgeon but strongly recommended that in hospitals where operations are performed a specially appointed and competent anaesthetist should have charge of this work.

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"TIPS" FOR THE NURSES.—Division of fees in England is a practice that seems to have been introduced from the United States, but the Englishmen "goes us one better," by also dividing fees with the nurses who refer patients to him. It is very properly considered a "tip" to the nurses, but is as detrimental to public morals as the division of fees among physicians. The physician who gives the largest "tip" will certainly be the most recommended by nurses.—*Ex.*

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VOLUNTARY COMMITMENT OF NARCOTIC AND ALCOHOLIC PATIENTS.—The general statutes of Connecticut now permit narcotic and alcoholic patients to voluntarily commit themselves to a sanatorium for treatment for any length of time not exceeding one year. The article with this provision is as follows: "The managers, trustees or directors of any inebriate asylum established by

the laws of this state may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year and treat and restrain him in the same manner as if committed by the probate court."

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A REMEDY FOR THE COMMISSION EVIL.—The division of fees between the consultant and family physician, among rival surgeons and specialists, is an evil that flourishes to such a degree that it can no longer be ignored. If not stopped it will surely undermine all professional ethics and esprit de corps and bring us as a whole to irremediable disgrace. The remedy plainly lies in the hands of the medical societies. Let them expel a member who is convicted. When the shameless transaction exists it cannot be long hidden and evidence of guilt can easily be secured. The house of delegates of the American Medical Association at its next meeting should come to some determination upon this subject and should set the example for all smaller and less powerful organizations. A decisive stand upon the part of our National Society would constitute the beginning of the end of this professional scandal.—*Amer. Med.*

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INSURANCE COMPANY'S CONSUMPTIVES' HOME.—It is announced that a German insurance company has erected in a favorable locality of Germany a home for consumptive policy holders. It is said that the expense of total maintenance is much greater than the payment of individual indemnities, and that the institution is thus exclusively for the benefits of the inmates, and a very unprofitable investment for the company.

It occurs to us that the latter should be taken with a grain of salt, for it is a well-known fact that insurance companies are not given to philanthropy as a gratuitous offering, and it can be reasonably supposed that the consumptives' home in Germany is a paying, or at least not a losing venture for the insurance company or it would not exist.

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WHEN AND HOW TO ADMINISTER SALICYLATE OF SODIUM.  
M. Alfred Martinet says that the first indication is to obtain the specific action of the drug in cases of acute articular rheumatism; the second is to secure an antithermic and eliminative effect in the



acute infectious diseases, the diseases of nutrition, and the uric-acid diathesis; the third is to obtain a cholagogue action by modifying the biliary secretion. Intolerance, says the author, is rare. If nausea arises, it can be overcome by administering sodium bicarbonate simultaneously. If the nausea persists, methyl salicylate may be given in capsules. The nervous phenomena, such as tinnitus aurium, cephalic congestion, and vertigo, may constitute a contraindication. Relative contraindications are pregnancy, old age, and recurrent attacks of rheumatism with visceral complications. Cardiac insufficiency and interstitial nephritis form serious obstacles to the employment of the drug.

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WAR AGAINST RATS.—Many of the large seaport towns have now adopted very stringent regulations to prevent the dissemination of disease by rats coming from infected districts and particularly from foreign ports where contagious and communicable diseases are known to exist in epidemic form. In New Orleans thorough inspection, disinfection and control of incoming ships is enforced, and the regulations, as reproduced in a late number of *American Medicine*, would indicate that the crusade against rats will prove quite effectual. The regulations provide for closure of all openings in the ship that would allow of the escape of rats, the mooring ropes over which rats frequently travel being covered with galvanized iron funnels with cerated edges snugly attached while the vessel is at the wharf. When not unloading, all vessels must be moored at least 100 feet from the wharf, and at night, in addition to this precaution, each vessel is compelled to burn sulphur in the holds with the hatches closed for the purpose of destroying the ship's rats. The ships are also compelled to keep traps set on the decks and other convenient places when not unloading.

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PHYSICAL CULTURE IN MEDICINE.—The editor of the *Journal of the American Medical Association*, comments editorially on the ideas brought forth by Dr. Newman, published in *Plexus*, regarding the growth of physical culture as a cure-all for disease in all its forms. The notion that symmetrical development of the body is a safeguard against disease, and a cure for existing diseases, is widespread largely as a result of extensive advertising on the part of physical culture teachers who are reaping large rewards through the sale of so-called systems of physical exercise. It is contended

that it is high time that the medical profession pay more attention to physical exercise, massage, etc., by giving suitable advice relative to the time and maner in which such training should be pursued, and see that the recommendations are carefully followed. The benefits derived from physical culture must not be overlooked and the physician who fails to recognize the necessity of advocating physical exercise and massage in well selected cases must necessarily see the otherwise ignorant teacher of physical culture profit among a class of patients that should rightfully come under the care of the educated physician.

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UNION STATE HOSPITAL.—Under this title was incorporated and established several years ago in the city of Indianapolis, a hospital originally intended to be largely benevolent in character. While the articles of association provide for a general hospital, yet up to the present time attention has only been given to the treatment of neurasthenia and allied diseases of the nervous system. Provision is made for the highest class service and for the care of those who are unable to pay anything for their treatment. There is no financial gain to the physicians who are members of the staff, or to anyone related to the work except the nurses, matrons and servants who are paid weekly wages. The yearly deficit has been made good by the voluntary subscription of benevolent people who believe in the good work and the sincere purpose for which the institution is carried on. Patients are solicited from all portions of the state of Indiana. On the medical staff are the names of a large number of the most prominent physicians of the capital city, and this is a guarantee that patients will receive the very best of medical and surgical attention. The management has recently made unusual effort to make the hospital better known throughout the state by means of circulars and personal letters addressed to representative physicians of Indiana.

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PROVIDENT MEDICAL COMPANY.—Under this name has been organized in New York City a company which aims to combine moneymaking with philanthropy by offering to the poor medical attendance for 10 cents a week. For a weekly payment of 10 cents medical attendance for a family of two is furnished. For a family of from three to five is 20 cents and the maximum charge is 30 cents. Prescriptions for subscribers only are filled at a uniform



rate of 20 cents each. The concern which has started to carry out this scheme is capitalized at \$250,000 and is backed by men of experience and means. Dr. Josias Strong of the league for social service is the vice president, and bankers, ministers, and insurance men compose the Board of Directors. There are 16 stations distributed over the city at which there are constantly in attendance two physicians, a matron, nurse and pharmacist. In connection with each station there is a thoroughly equipped drug store. Physicians have been selected with the idea of avoiding every possibility of its being charged that the medical attendance secured at 10 cents is inferior to that which the family would get in the usual way. Patients are not, of course, compelled to attend the medical stations. A physician is constantly in attendance there day and night, but his co-worker treats at their home patients who are not able to call at the station. It is thought that the scheme will very seriously cripple the sale of patent medicines and nostrums, save the poor not only large expenses which they can ill afford, but much suffering, while yet not interfering in any manner with the medical profession dependent upon people of more means for support.

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VALUE OF VACCINATION —Further testimony as to the value of vaccination, if more was needed, or would be heeded by the anti-vaccinationists is given by that veteran observer, Dr. Wm. M. Welch, who recently stated before the Philadelphia County Medical Society in reference to the recent epidemic:

“Not one thus far who has been vaccinated previous to exposure has contracted smallpox. About fifty individuals, including physicians, nurses and attendants, have been continuously and freely exposed to the disease.

“We have, from time to time, received in the hospital persons with well-marked and even fatal smallpox in whom vaccination some weeks before had failed.

“Many physicians hesitate about vaccinating individuals who are suffering from some other disease. At the Municipal Hospital recently scores of patients suffering from diphtheria and scarlet fever were vaccinated as a precautionary measure. The vaccination did not unfavorably influence the original disease, and, on the other hand, the course of the vaccinia was in no case unusual.

“Since the beginning of the present year, about 300 cases of

smallpox have been treated at the hospital. Of this number not a single patient had been recently successfully vaccinated. The shortest period elapsing between a successful vaccination and the contraction of the disease was five years. Whilst the majority of the patients admitted were unvaccinated, a very large number had been vaccinated in infancy.

"I believe that it may be laid down as a rule that if a child is successfully vaccinated in infancy, and again at the age of puberty, the protection will be permanent. The exceptions to this rule, however, may be sufficiently frequent to warrant repetition of the vaccination whenever there is exposure to smallpox."

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BEAUTIFUL BOOKLETS.—Booklets, circular letters and other advertising matter printed upon poor paper and with every evidence of having been made as cheaply as possible, are no longer considered by the reading public, and the fact is probably well known to most houses relying upon the public for patronage. Within a few years it has not only become customary, but the rule, to have all printed matter from stationery and booklets down to the smallest circular, prepared according to the highest arts of the paper maker, engraver and printer. That money expended in beautiful printed matter comes back to the firm using such material is certain, if we are to judge from the large amount of such matter that is turned out by the large mercantile houses. Many of the large pharmaceutical houses are issuing advertising matter that is not only artistic and pleasing to the eye, but in many respects worthy of preservation.

We have recently had pleasure in seeing some of the artistic advertising matter that is now being sent out by such well known houses as Parke, Davis & Co., of Detroit, the Antikamnia Chemical Co., St. Louis; Mr. Fellows of New York, Battle & Co., St. Louis; Martin H. Smith Co., of New York; the M. J. Brittenbach Co., of New York, the Purdue Frederick Co., of New York, and several other large concerns of more or less prominence. Even the pamphlets containing case reports, and liberally advertising certain specific preparations, are prepared in such an artistic manner, through the arts of the engraver and printer, that but few of the physicians who receive the pamphlets can afford to consign them to the waste basket without giving them perusal. Such for instance are the pamphlets issued by Mr.



Fellows, and the Martin H. Smith Co., which have come to our desk since the first of the year. We believe that this tendency on the part of the public to demand and appreciate better quality is an indication to all manufacturers that inferior goods will not receive the endorsement of the medical profession and must ultimately fail of disposal.

In justice to the army of manufacturing pharmacists with whom the medical profession are more or less acquainted, we are warranted in saying that never before has there been made such an energetic effort to produce pharmaceutical preparations of not only the highest quality and efficacy, but elegance as well.

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PERSONALS.—Dr. W. O. Gross, who for the past three years has occupied the position of general manager of the Fort Wayne Drug Company, has resigned and will engage in another line of business.

Dr. E. J. McOscar, of Fort Wayne, spent the month of February in New York City taking a postgraduate course in medicine and surgery.

Dr. G. W. Leslie, Fort Wayne, has fitted up handsome residence quarters in the block at the corner of Barr and Washington streets, adjoining his office. Prior to the disastrous fire in February, which destroyed their beautiful home, Dr. Leslie made his home with Mr. and Mrs. John H. Bass.

Dr. W. A. Evans, Chicago, was a visitor twice at Fort Wayne during the month of February, being called here in consultation.

Dr. John B. Murphy, Chicago, was a visitor at Fort Wayne during the second week of February to operate upon a case in charge of James M. Dinnen.

Drs. Geo. A. Teal and J. C. Gilbert, of Kendallville, were recent visitors in the city.

Dr. G. W. McGavern, of Van Wert, O., who sailed for New York on February 8, for an extended European trip, is reported as enjoying the warm and sunny weather of the upper Nile in Egypt. The doctor is accompanied by his wife and daughter, and will be absent from home between four and five months.

Dr. J. S. Boyers, of Decatur, is a regular attendant of the Allen County Medical Society, of Fort Wayne.

Dr. U. G. Lipes, formerly of Fort Wayne, but now of Indianapolis, after several ineffectual attempts to secure a profitable

and legitimate practice by ethical conduct has finally resorted to the methods of the quacks and charlatans to make a living. Many of the large weekly papers now contain a half column advertisement, embellished with a picture of Dr. Lipes, advertising him as the greatest scientist of the age, and the discoverer of an elixir that is guaranteed to cure all the ills that flesh is heir to.

— Dr. Amos Reusser, of Berne, Ind., was a visitor at the *Journal-Magazine* office recently. He is also in attendance upon two patients brought to Hope Hospital for operation.

Both St. Joseph and Hope Hospitals, Fort Wayne, are constantly crowded, and never before in the history of the city has there been so much or so good surgical work as has been seen at these two hospitals this winter. The good results are not alone due to skillful attention of surgeons, but to increased facilities and latest improvements in the hospitals and excellent care at the hands of the trained nurses.

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OLD EMPLOYEES MAY OWN PARKE, DAVIS & CO. STOCK.—Detroit, Feb. 11.—The firm of Parke, Davis & Co., manufacturing pharmacists of this city, has adopted the policy of other large corporations of encouraging its employes to become shareholders. This company proposes to issue 4,000 shares of its capital stock, and permit the oldest among its employes, especially those in important positions as managers, superintendents and foremen, to purchase this new stock at \$55 a share. The present market value of the stock is \$70 a share, and face value, \$25 a share.

The company announces that it is not taking this action for philanthropic reasons, but because it considers it good business judgment to have its men in important positions interested in the profits of the business.

Parke, Davis & Co. are the largest manufacturers of pharmaceutical products in the world, and the development of business in the past few years has been something phenomenal. In addition to their home offices and laboratories at Detroit, they maintain five sales branches in this country, at New York, Chicago, Baltimore, New Orleans and Kansas City. They also have extensive manufacturing plants in Walkerville, Ont., and in London, England, with a supplementary foreign plant at Simla, India.

The tangible assets of the company inventory, \$3,400,000, against a capital stock of \$1,500,000, and a surplus account of



\$1,900,000. Among the recent developments in the business is the new scientific laboratory, which has recently been constructed and equipped at an expense of some \$115,000, and which will be ready for occupancy by July 1, next. This building will be devoted exclusively to the experimental and investigating work of its scientific staff.

The company has recently purchased and is now absolute owner of the Hubel empty capsule plant, and is operating this as well as the United States capsule plant. Some idea of the magnitude of the empty capsule business can be obtained when it is known that in these two capsule plants there are employed some 260 operatives. In the Detroit laboratories and offices, the company employs some 1,700 people; in the Canada branch, some 20, and on the road there are now 239 salaried representatives.

This is one of the institutions of which Detroit is very proud. From a small beginning in the early seventies the business has developed into world-wide proportions.—*N. Y. Commercial*.

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CHICAGO SMALL POX CREED.—A vaccination creed has been widely circulated in Chicago by the Department of Health, and it has been of the greatest service, Dr. Reynolds says, to the public vaccinators in arousing interest in the subject of vaccination among classes peculiarly exposed to smallpox. The plan is worthy of imitation. The "creed" reads as follows:

We, the undersigned, hereby publicly profess our firm belief—based upon positive knowledge, gained through years of personal experience and study of small pox and vaccination.

1. That true vaccination—repeated until it no longer "takes"—ALWAYS prevents small pox. NOTHING ELSE DOES.

2. That true vaccination—that is, vaccination properly done on a CLEAN arm with PURE lymph and kept perfectly CLEAN and UNBROKEN afterward—never did and NEVER WILL make a serious sore.

3. That such a vaccination leaves a characteristic scar, unlike that from any other cause, which is recognizable during life and is the ONLY conclusive evidence of a successful vaccination.

4. That no untoward results ever follow such vaccination; on the other hand, thousands of lives are annually sacrificed through its neglect—a neglect begotten of WANT OF KNOWLEDGE.—

*Amer. Med.*

## *MEDICAL REVIEWS.*

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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INFLUENZA.—An efficient diaphoretic, given early, may abort the attack, otherwise calomel should be given for a day in small doses. The neuralgia and myalgia may be relieved by quinine, Dover's powder and ergot. When the temperature is above 102 degrees F. (38.8 degrees C) order cool sponge bath every two or three hours, or give quinine and salol or phenactin. Sleeplessness may demand trional, chloralamid, opium, etc. The coryza is relieved by inunctions of animal fats over the forehead and nose, or by steam inhalations. The laryngobronchical irritation may be controlled by

R Codeinae sulph .....	0.25 (4 grains.)
Ammon, chloridi .....	20.0 (5 ounces.)
Syr. pruni virg .....	60.0 (2 drachms.)
Spt. junip, comp. as .....	120.0 (4 drachms.)

M. Sig: One teaspoonful every two or three hours.

Oil of eucalyptus, gram 0.2-0.35 (miii, v), in capsules every four hours, is useful when the bronchial secretion is very free. Chest pains may be relieved by turpentine stupes and sinapisms. In the severe forms, stimulation must be carried on with heroic doses, strychnine and the aromatic spirit of ammonia being the most generally useful. Convalescence demands rigid supervision, the greatest injury resulting from going out too early. Gentian, iron and quinine form a good tonic till health is restored. J. M. Anders in *Practice of Medicine. Rev. of Rev.*



TABETIC GASTRIC CRISES (DES CRISES GASTRIQUES TABETIQUES). Dr. Mathieu, *Revue de Therapeutique*, June, 1900.

The history of the differentiation of gastric crises from ordinary digestive disturbances is given in extenso, and the author enumerates the five different varieties of these crises which were defined by Charcot. The last two of these five groups include those in which the crises occur daily, and those in which the attacks are prolonged. The author considers that those cases in which the duration of the crisis is lengthened are associated with the employment of morphia. The pain is soothed by the use of the hypodermic syringe, but when the patient is not under the influence of morphine he becomes morbidly anxious about the return of the crisis, and by brooding over each individual symptom, he ends by provoking a renewed attack. This is, the author thinks, the great drawback to the use of morphine; it tends to make the attacks not only longer, but more frequent. And yet there is no other means at once so easily employed and so effective against the terrible attacks which are known as gastric crises. Another interesting point concerning gastric crises relates to the intent character of the general symptoms during the continuance of the crises. It may be that the disease itself makes little or no progress while the gastric crises are acute and frequent. Cases are quoted by the author in which locomotor ataxia has been present for twenty years, and during this long period no other symptoms beyond the gastric have ever appeared. It would seem to be that it is the same with the gastric crises as with the eye symptoms; for it is well known that in cases of tabes in which early optic atrophy and resulting blindness are present the general symptoms are frequently very mild, and sometimes are entirely in abeyance. It is necessary, further, that in dealing with periodical, long-continued, and obstinate "bilious attacks," the possibility of locomotor ataxia being behind the symptoms be borne in mind, and in all such cases a careful examination of the knee-jerks, of sensation, and of the eyes should be made.—*Jour. of Nervous and Mental Diseases*.

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GONORRHEA IN WOMEN.—It is very difficult to determine the frequency of gonorrhea in women. On one hand, according to Noeggerath, 80 per cent. of women are affected with gonorrhea, while on the other in 1,930 women attending Sanger's clinic, the percentage was only twelve, and Penrose affirms that it is rare in

the gynecologic dispensaries of Philadelphia to see acute gonorrhea of any portion of the genito-urinary tract. In investigating this subject it is important to make a distinction between prostitutes and reputable women; for in the first class such a large proportion are affected with the disease, either in the acute or chronic form, that any percentage which includes these would be misleading as far as it relates to the spread of the disease. However, the majority of the American gynecologists will probably coincide with Wertheim in the statement that gonorrhea is the most frequent cause of suppuration in pelvic disease. Repeatedly cases are observed in which innocent wives are the victims of the husband's antemarital disease, and the question of the time at which the marriage of a gonorrheic is advisable becomes an important one; for although the primary symptoms of gonorrhea in the female may be slight, the extension of the disease to the uterus and appendages lesions will result that will most certainly injure the health and is so certain, that unless vigorous treatment is employed, marked impair the reproductive power of the individual. Gonorrhea in the male when uncomplicated may be a simple disease to be treated as lightly as a nasal catarrh or any other slight mucous membrane inflammation, yet in women this infection often entails years of suffering and a lifetime of disappointment if sterility is produced. White has spoken of cases of chronic urethritis in which the gonococcus may retain its vitality for two or three years, and men with such imperfectly cured gonorrhea are permitted to marry, entirely ignorant of the consequences of such a course. Few men who have been guilty of ante-connubial indiscretions or youthful immorality would wittingly cause infection of a wife or, possibly, ophthalmia neonatorum of a child; so the physician must be the arbiter of the patient's action and see that men are instructed in regard to the consequences of venereal disease, both immediate and remote.—*Amer. Med.*



## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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THE HEREDITY OF APPENDICITIS.—F. Forchheimer discusses the influence of heredity on appendicitis. For twelve years his attention has been called to appendicitis in families, and the results of these observations form the basis of this paper. He summarizes the history of a family of 25 members, five of whom have had appendicitis, of which four were relapsing and one was operated upon after the first attack. Of the four with relapsing form, only one has been operated upon; the other three have been free from relapses 3, 7, and 11 years respectively. There was no mortality. The second group, 17 per cent of the whole family of 52 members and three generations, had appendicitis, of which one case was fatal, one suppurative, 6 mild and 6 relapsing. His third table is of a New England family whose medical history is given. In this whole family there have been 7 cases of appendicitis out of 22 members—33 per cent.—1 purulent, 2 of the ordinary type ending in resolution, and 4 relapsing cases.

Abstract by T. L. C. from *Am. Medicine, Phil. Med. Journal* October 12, 1901.

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A SIMPLE OPERATION FOR HEMORRHOIDS.—A simple operation for the radical cure of hemorrhoids is described by Dr. J. R. Pennington of Chicago, in the *Journal of American Medical Association*, of December 21, 1901. With the patient in the lithotomy position, when anesthesia is complete, the sphincter ani is thoroly divulst. Each anal quadrant is then graspt at the mucocutaneous junction with T forceps, and held by assistants. The posterior quadrant is first fully everted, and (with scissors curved on the flat) an ellipse is removed from the apex of the hemorrhoid, commensurate with its size. This is followed by the escape of blood. As soon as the bleeding is partially arrested by gauze pressure, all of the angiomatous tissue is removed, when the wall collapses. This leaves little, if any, denuded surface. Each pile is treated in the same manner. Hot saline solution flows over the field during operation. If twisting of bleeding vessels fails, they may be ligated. The

forceps are then removed and external tumors cut off, avoiding incision in the mucocutaneous junction. Antiseptic powder is dusted on, and a rubber covered tampon is introduced and anchored to the dressings outside. This operation leaves no tender and obstructive stumps to slough nor nerves caught, neither are nerves and tissues painfully burned. A fibrinous exudate is deposited. The danger of stricture is obviated. In 48 hours a cathartic is given and the tampon removed, and the patient is out of bed in a week or less.—*Am. Jour. Surg. and Gynecol.*

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

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STREPTOCOCCI IN HAYFEVER.—Recent experiments seem to indicate that the number of streptococci in the nasal secretion in hayfever greatly exceeds that in the secretion of the normal nose. It has also been proven that pollen, so frequently considered a cause of hayfever, can be introduced into the nose of patients susceptible to hayfever without producing anything more than temporary and very slight irritation. As pollen is not the carrier of streptococci it is quite evident that other than the pollen theory will result from these investigations.—*E.v*

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CLIMATE OR SPECTACLES.—Under this title Dr. G. S. Hull, in the January *Ophthalmic Record* calls attention to the frequent mistake on the part of physicians in the east, in recommending neurasthenic patients to seek relief in California before a thorough and painstaking examination of the eyes has been made to determine the existence of refractive errors that may be entirely responsible for the neurasthenic symptoms. A few typical examples out of many that have come to the notice of Dr. Hull are cited to show that some invalids sent to California for relief have not been bene-



fited until after occasion arose for attention at the hands of an oculist, when, with a correction of refractive errors, not only the eye symptoms disappear but the general health improves. Some times the spectacles get the credit for the favorable result, though more frequently the return of health is attributed to the climatic influences. The suggestion is made that every invalid suffering from neurasthenic symptoms should be carefully and thoroughly with a view to securing relief.

examined by a competent ophthalmologist before going to the inconvenience and expense of a prolonged sojourn in another climate with a view to securing relief.

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UNRELIABILITY OF THE OPHTHALMOMETER AND THE SHADOW TEST.—The human eye is not an optical instrument constructed on a fixed and uniform plan, even in the so-called normal optical condition. There are as many variations from a conventional standard almost as there are eyes. Small these differences may be, in some instances, but still demonstrable even by our relatively coarse instruments in every day use. Take any dozen individuals consecutively, and examine them with the ophthalmometer of Javal, and no two persons will be found (and hardly the two eyes of the same person) whose corneal radii are exactly the same; and the refraction of the cornea will bear no constant relation to the refraction of the eye as a whole. It is now known by our abundant experience that the astigmatism of the cornea, as measured by that most ingenious instrument, gives us no uniformly trustworthy evidence as to the actual amount from which the eye suffers. It is these fundamental inconstancies of construction, of which this is only one, that bar the way to a reliable application of any one of our objective instruments or methods for the determination of the refractive condition of the eye.

For just these same reasons the shadow test, which obtains its results from the refraction of the eye as a whole, cannot be relied upon with certainty, notwithstanding the claim of some experts that they can determine the refraction within a quarter of a diopetre. In the general run of cases the movements of the shadow area are entirely misleading. This is especially manifest when the eye is under the influence of a mydriatic, the wide pupil opening up all the refractive irregularities the eye is possessed of. All of

the well known objective methods of examination give us most valuable aid, and each should be applied with all the accuracy possible. The court of last appeal, however, must be the trial lenses and the test types.—Swan M. Burnett, in January *Ophthalmic Record*.

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MYCOSIS OF THE TONSIL AND BASE OF THE TONGUE.—In an article upon this subject by Dr. E. H. Griffin, in the *New York Medical Journal* of December 14, a case is reported in which several physicians failed to make a proper diagnosis and had the patient under treatment for a protracted length of time without producing relief. The case finally came under the care of Dr. Griffin, who made the proper diagnosis but was obliged to keep the patient several months before securing satisfactory results from treatment, which consisted in the application of chromic acid, carbolic acid, nitric acid, and sulphuric acid at various sittings, and finally evulsion with forceps and cauterization with chromic acid.

Acting on the theory that tobacco might favorably influence the case because of the fact that smokers are not known to be troubled with mycotic growths, the patient was advised to begin smoking. Eventually the patient was placed upon a gargle of tincture of pure chlorid of iron, which seemed to have a very favorable action.

(It occurs to us that the patient must have consulted some very inexperienced physicians if a diagnosis of mycosis was not settled upon after the case had been under observation for some time. It also occurs to us that Dr. Griffin neglected to employ one of the most potent remedies in the treatment of the disease when he omitted the actual cautery from his methods of treatment. The fine point of a galvano cautery will reach the base of a mycotic growth much more quickly, with less discomfort and loss of tissue than any other means that we are acquainted with. On the other hand, it must not be forgotten that these mycotic growths have a tendency in the course of time to disappear just as rapidly as they came, even though not treated. The irritation produced, however, is very annoying to the patient, and frequently results in marked nervous depression. No treatment in our estimation can compare with the application of the actual cautery in skilled hands.—Ed.)



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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### THE OPERATIVE TREATMENT OF TRACHOMA AND ITS SEQUELLAE.\*

BY ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio, Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Ind.

In this paper, presented before you by special invitation, no apology is necessary for selecting a topic that considers in some phase the subject of granular conjunctivitis or trachoma, a disease that is of more importance than any other inflammatory disease of the conjunctiva because of its widespread diffusion, its chronic course, and the disastrous results which may attend it.

In some countries, as in Poland and Russia, trachoma is the cause of almost fifty per cent. of all blindness, and forms from thirty to ninety per cent. of all eye diseases presenting for treatment. No country is entirely exempt from the ravages of the disease, though certain races seem more predisposed than others. The Jews and the Irish show a predisposition to trachoma, whereas the negro of our Southern States is practically immune.

\*Read before the Marshall County Medical Society at Plymouth, Indiana, on April 10th, 1902.

Opinions vary widely as regards the nature, causes, pathology, and treatment of the disease, and a study of the literature on the subject is apt to be very confusing. It is now generally conceded that the disease is contagious, and the principle of the contagium is supposed to be a micro-organism. Numerous trachoma germs have been described, but none of them have as yet been accepted as the specific cause of the disease. The fact that one eye may be affected for years without infecting its fellow eye is adduced as an argument against the contagious theory, while the tendency of the disease to spread in crowded institutions is in favor of the theory. My personal experience with the disease, which has been somewhat extended, leads me to unquestionably believe in the contagious theory, for I have been able to trace in numerous instances the time, place and manner in which the contagium was introduced.

While it may later be discovered that all forms of granular conjunctivitis arise from a common origin, yet we are warranted in making two general divisions which from their clinical manifestations and treatment may be considered independently. These are, (1) The simple granular conjunctivitis; and, (2) Trachoma. We might for the sake of simplicity call one a false trachoma and the other a true trachoma.

The false trachoma consists of discrete, small, rounded or oval transparent bodies, yellowish in color and arranged in rows parallel to the lid border. There is never any thickening or implication of the tarsus, and the conjunctiva presents no structural change. No inversion of the eyelid (entropion), turning in of the eyelashes (trichiasis,) cicatricial contraction, pannus or ptosis occurs. The disease occurs most frequently in persons under twenty years of age, is not contagious, and disappears spontaneously or under treatment without leaving scars.

True trachoma is characterized by the development of ill-defined opaque bodies of various size, grayish white in color, and firmly and deeply imbedded in the conjunctiva. These bodies are frequently of large size and show a decided tendency to become confluent and form masses or areas of trachomatous material. There are always structural changes in the conjunctiva, pronounced hypertrophied papillae, and usually much involvement of the tarsus by thickening. Ptosis is nearly always present in some degree, and in a large percentage of cases entropion, trichiasis, and shrinking of the cul de sac exists, with resulting keratitis in the form of ulcers or



pannus. The disease is contagious, occurs at any age, seldom disappears spontaneously, and is cured only by cicatrization.

In one we have hypertrophy due to an ordinary inflammatory exudation and enlargement of the normal papillae, with no tendency to a destructive process, however long the inflammation may be continued. It never runs into trachoma. In the other we have not only hypertrophy of the normal papillae but the development of true trachomatous bodies in the substance of the conjunctiva, due to a morbid deposit which in time causes a destruction of the parts surrounding it, and a resulting cicatrix with marked tendency to contraction. The one does not necessarily, and as a matter of fact very seldom does become a menace to sight or produce an unusual amount of discomfort. The other invariably temporarily effects sight, always threatens serious consequences, and very often ends in most disastrous results.

The treatment of the simpler form resolves itself into an effort to reduce the hypertrophy of the normal follicles or papillae by an absorption of the inflammatory product. The number of irritant astringents recommended for local use in the treatment of the affection is large, and any and all of them may serve a purpose in effecting a cure. As a matter of fact, anything devoid of destructive action which causes a pronounced temporary hyperaemia will improve the nutrition of the parts and stimulate absorption, finally resulting in a cure of the affection.

The treatment of true trachoma is quite another proposition, and has in all ages and all climes taxed the ingenuity, the patience, and the skill of the best of our ophthalmologists. In this disease the trachoma granules, giving an appearance of frog-spawn on the under surface of the eyelids, are the essential pathologic elements of the disease, and they are the foundation of all the changes and varied phenomena which form the clinical features of the affection. They have been characterized as acting as foreign bodies very much in the same way as tubercles do, and, like tubercle, lead to inflammation and destruction of the tissue in which they are embedded, leaving a cicatrix as a result.

The disease may not attack all the tissue of the conjunctiva, and may be arrested after one or more attacks, as is sometimes the case in tuberculosis. The rule is, however, that in time the whole of the adenoid structure of the tissue is attacked and finally completely destroyed.

Treatment to be satisfactory, and satisfactory is to be curative, must be directed to causing a disappearance of the trachoma deposits with as little destruction of the normal tissue as possible. In text-books it is divided into medicinal and surgical.

Of the medicinal treatment I have but little to say. All of the irritant astringents of the materia medica have been advocated, and I have, like many others, tried them with but indifferent success, and with no small amount of suffering for the patient and great taxation of the patience of both the patient and myself. Nitrate of silver, so much lauded in the treatment of trachoma, is seldom beneficial to any considerable extent, then only after months or years of use. Sulphate of copper, another time honored remedy, is barbarous even though effective, the "copper cure" being worse than the disease. Jequirity infusion in the treatment of the long standing cases with pannus, is positively dangerous, and is to be adopted with extreme caution if at all. It can, therefore, be truthfully said that all medicinal treatment is attended with but indifferent results in the majority of instances, and especially if the treatment is humane in the way of being free from the decided irritating effects so common following the local use of many astringents advocated as therapeutic measures.

Surgical treatment has within the last few years received much attention at the hands of ophthalmologists, and though a revival of a form of treatment that was once injudiciously and unskillfully employed, and which finally became almost obsolete, yet according to improved present day methods it must now be accorded the distinction of being the only satisfactory curative treatment, with local applications but accessories to it.

Some of our European ophthalmologists, who have had wide experience in the management of trachoma cases, assert that it takes a case of trachoma ten years to either cure itself or be cured if the ordinary treatment is applied. Disastrous results invariably follow in all cases left to themselves for spontaneous cure, and the same results to a less degree follow in many cases that have received the routine treatment. A treatment that cures the disease in a few weeks, saving the patient years of inconvenience and suffering, not to mention the disastrous sequellae, is one that should receive approval at the hands of every physician who comes in contact with trachoma cases, and be adopted as general treatment in this affection. Such a treatment is the surgical treatment now



employed in some of the large clinics in Europe and this country, which essentially consists in the eradication of the trachomatous tissue by means of the knife, actual cautery, curette, expression forceps, or a combination of one or more of these means.

The excision of the mucous membrane containing the trachoma follicles has been largely discarded because of the unnecessary destruction of unaffected conjunctival membrane, and the resulting large area of scar tissue. For similar reasons the use of the actual cautery to destroy the trachomatous follicles has also been largely discarded. Curetting or brushing out the granules (grattage) was an early method of treatment which gradually went out of use, but which has recently come into favor again in a modified and improved form. As practiced at the present time the brushing or grattage operation consists in thoroughly everting the eyelids and fully exposing the retrotarsal fold, the trachomatous tissue then being thoroughly scarified both horizontally and vertically, after which the scarified surface is thoroughly scrubbed with a 1 to 500 solution of bichloride of mercury. The operation is performed under the influence of a general anæsthetic, and if done thoroughly results in a radical cure of the trouble, the patient being discharged in the course of three or four weeks.

The objection to the grattage operation, as usually practised, is that in the scrubbing, required with sufficient severity to dislodge the trachomatous follicles, all surrounding mucous membrane is destroyed, thus resulting in the formation of much more scar tissue than required to accomplish the same end. To offset the entropion sure to result from the contraction of so much scar tissue, Fox adds the Burow operation which consists in making a deep groove parallel to and 3mm. inside the ciliary margin, with excision of a narrow strip of skin, and closure by sutures.

While any and all surgical measures employed for radical removal of the trachomatous follicles are attended with more or less success, yet the operation of expression, as performed by Knapp, has found most favor among progressive ophthalmologists, and when properly performed seems to give most satisfactory results. Modifications of the procedure as first advocated by Knapp in 1891, have been described by various operators, but the principle in all is essentially the same and consists in mangling the tissues and expressing the granulations at one and the same time, with but a moderate amount of bruising and laceration of conjunctival

membrane. Knapp devised corrugated roller forceps, to be used in the operation, and this instrument to-day is used more than any other in trachoma operations.

A modification of the Knapp operation, which some have adopted and which I have found advantageous, consists in first thoroughly scarifying the larger and thicker masses of trachomatous tissue, and then applying the roller forceps. The scarifying renders it easier to express the follicles without excessive mangling of tissue and possible unnecessary destruction of conjunctiva through the forcible pressure exerted. Following the thorough application of the roller forceps the brushing treatment, with 1 to 500 bichloride solution, may be employed, but with less vigor than advocated by Fox and others in the performance of the regular grattage operation.

This apparently harsh treatment results in less reaction and discomfort for the patient than would generally be supposed. After thoroughly eradicating every vestige of trachomatous tissue, and thoroughly washing the parts with bichloride solution, the patient is put to bed with cold bichloride compresses over the closed lids. The patient will be more comfortable if no attempt is made to open the eyelids for 24 to 36 hours, though the lids should be kept clean by careful cleansing at the hands of the nurse. After 36 to 48 hours the patient is instructed to frequently cleanse the eyes with sterilized boracic acid solution, and in my hands this treatment is augmented by local applications of a 25 per cent. protargol solution to the everted lids. If after the period of desquamation passes there remain a few isolated granulations, as may possibly be the case, these are removed with the curette or knife and the base cauterized with nitrate of silver or actual cautery; for it must be remembered that if a single trachomatous follicle is left after the operation then recurrence of the disease is to be expected. Therefore, it is a wise precaution to examine the lids carefully several times during the first four to six weeks following the operation, with a view to discovering and removing any trachomatous tissue that may have developed from small foci unintentionally left at the time of the operation.

It need only be added that operative procedures for trachoma are not applicable to the acute inflammatory type whether it be primary or only a paroxysm of the chronic stage, which should be treated antiphlogistically with cold applications and antiseptics.



Knapp lays down the general rule that "operative treatment is only applicable in the non-inflammatory form of trachoma, and then as soon as the case presents itself to the physician. In almost all cases it should be supplemented by medicinal applications and rigid attendance to hygiene."

In concluding the subject I have only to mention the treatment of the sequellae of trachoma, which we are frequently called upon to treat long after the causative disease has disappeared. Among the disastrous results following trachoma we have pannus and ulcerations of the cornea, with resulting opacities and interference with vision, all dependent upon the entropion and attending trichiasis produced by the cicatricial contraction of the lid.

From experience we know that the entropion will not cure itself, and that the keratitis will never subside until the entropion has been cured. It therefore becomes absolutely necessary to correct the malposition of the lid border as the first procedure in the successful treatment of a variety of pathological conditions which threaten or have already seriously impaired vision as well as produced great discomfort for the patient.

No treatment but surgical has ever been successful in the correction of entropion due to trachoma. As in all other surgical procedures a large variety of operations have been advocated by ophthalmologists for the cure of entropion, each operation having more or less merit. Failure to secure results in any of the well known operations may be due to faulty technique, and all may fail in rare instances, but to my notion no operation approaches the Hotz operation for uniformly successful results and adaptability to all cases. My first experiences with this operation, as with the majority of operators, ended in either failure or indifferent success. The emphatic manner in which the originator of the operation pointed out the cause of failures in the performance of the operation, led me to further trials, with resulting successes that have ever since followed the method when I gave proper attention to technique.

Hotz's operation, first described in 1879, which in reality is a modification of an operation advocated and described in 1857, but never employed and but little known, is essentially as follows: A horizontal incision is carried through the skin along the upper margin of the cartilage, extending from one commissure to the other, two millimeters above each canthus. The skin is then dissected free from the underlying tissues down almost to the ciliary mar-

gin. A strip of muscle approximately three millimeters in width is then removed from the upper portion of the lid, exposing the superior border of the cartilage. Four to five sutures are then carried through the lower skin lip of the wound, through the fibrous tissue in the upper border of the tarsus, the adjoining fascia and areolar tissue, and out through the upper skin lip of the wound. These sutures are tied tightly, thus bringing the skin tissue down upon the cartilage where it forms a union and keeps up a tension in all positions of the lid and results in eversion of the free margin of the lid.

So successful has this operation been in my hands since appreciating the proper method of performing it, that I have employed it to the exclusion of all other surgical treatment. A report of interesting cases that have been operated upon by me in the last few years, the Hotz operation being employed, would include several cases that were practically blind from corneal complications dependent entirely upon entropion and the attending turning in of the eyelashes, which were not only cured so far as a correction of the malposition of the eyelids is concerned, but which also resulted in restoration of useful and in some instances practically normal vision.

When we consider the suffering experienced by trachoma patients, to say nothing of the great impairment of vision and frequently blindness that results as a sequellae in a large percentage of the cases, it becomes our manifest duty to adopt heroic measures for the relief of this unhappy class of individuals. The radical cure of trachoma may seem heroic, but when properly performed it can be said to save an immense amount of human suffering, and to prevent the disastrous results so commonly following in the wake of trachomatous inflammation.

And I particularly want to make a plea for the adoption of surgical measures as the only satisfactory and successful treatment for the large class of individuals who are suffering from the effects of a trachoma that has either been cured spontaneously after the lapse of many years, or have eventually succeeded in eradicating the disease through the tortures of local medicinal applications, and who continue to suffer, not from trachoma, but from corneal complications due to malposition of the lid border occurring as a direct result of the inevitable cicatricial contraction. Without surgical attention this class of individuals are destined to suffer



for the rest of their natural lives, and perhaps experience blindness through lack of removal of the remedial cause of their trouble. A successful entropion operation in these cases will result in not only comfort, and in many instances the restoration of useful vision to the otherwise helpless blind, but it will result in a direct economic saving to the community by placing an otherwise non-supporting individual in a position to be self-supporting.

It is taken for granted that the optimistic views regarding the effects of surgical treatment upon eyes suffering from the sequellae of trachoma apply to that large class of cases that have not as yet, through the lapse of time or extremely severe complications, acquired such structural alterations in the eyeball as to forever preclude the possibility of securing absorption of the corneal infiltrates which obscure vision and which have not as yet reached that degree of permanency which necessarily ends in complete destruction of the transparency of the cornea. Nor does it apply to those cases in which intraocular inflammations have impaired or destroyed vision. On the other hand, in any case where discomfort arises through the mechanical irritation produced by an inverted ciliary margin, an operation to relieve the entropion will be beneficial by removing the cause of the discomfort, and is warranted even though return of vision is an impossibility.

Finally, we may conclude by giving surgical measures the preference in the treatment of any case of non-inflamniatory true trachoma or its sequellae, and if adopted sufficiently early our patients will be spared much distress, loss of time, and perhaps serious impairment of vision, if not blindness.

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## *SOCIETY PROCEEDINGS.*

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### ALLEN COUNTY MEDICAL SOCIETY.

At the regular meeting of the Allen County Medical Society held in the assembly room of the city hall on Tuesday evening, March 4th, a paper by Dr. W. P. Whery upon "the Status of Medical Education," was presented. Attention was called to the great difference in the requirements of the various States in the Union for eligibility to practice medicine. Attention was also called to the rules adopted by some States which made it necessary for every applicant for license to practice medicine to pass a rigid examination, no matter what his certificates of qualifications may be. The essayist concluded with a plea for uniformity in medical registration and examination, with a universal permit entitling registered physicians to practice in any State in the Union. The paper was freely discussed by many of the members of the Society.

Dr. Albert E. Bulson, Jr. presented a paper upon "Some Observations on Intranasal Surgery." In this paper the essayist discussed some of the various methods of operating upon nasal spurs, enlarged turbinates, deviated septums, polypi, and other affections essentially surgical in character. He condemned the sawing, burning, and cutting operations, performed with no other view than to open the nasal passage, and with the resulting unnecessary destruction of a large amount of healthy mucous membrane, which should be preserved in order to maintain the proper function of the nose. Except in rare instances he has abandoned the use of the actual cautery in the belief that it does more harm than good. For hypertrophied turbinates he recommends the dissecting up of the mucous membrane, and the removal of a V shaped section, which will allow of cicatricial contraction, but very little if any of the mucous membrane being destroyed. Nasal spurs are likewise removed by the saw after the mucous membrane has been elevated out of position to avoid destruction. All operative measures within the nasal passages should be performed with the object of se-



curing patency, but with the smallest possible destruction of mucous membrane. The essayist does not cauterize the base of polypi as much as formerly, and reserves the operation for those cases in which the stump can be readily seen and accurately cauterized. And even then it does not always prevent a recurrence of the tumors. Polypi should be snared and never twisted. The remaining pedicles should be clipped with scissors or cutting forceps making a clean bite, and never twisted. Deviated spurs are corrected by the Asch operation, or some modification of it, each case being a law in itself as to the operation to be performed. Cleansing solutions should be mild and unirritating. Operative procedures within the nasal cavity have been very much facilitated by the use of adrenalin solutions which blanch the tissues and render it possible to perform a practically bloodless operation, thus keeping the field of operation constantly in view, rather than obstructed by hemorrhage, as was the case before adrenalin became known. The possible effect upon the ears of any obstructive lesion in the nose was mentioned. The paper was ably discussed by Drs. Wheelock, McOscar and Havice. On motion and favorable action by the Society the paper was referred to the Indiana State Medical Society for presentation at the Evansville meeting.

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The regular meeting of the Society on Tuesday evening, March 18, was an open meeting, the essayist for the evening being Dr. J. R. Pennington, of Chicago, who presented a very interesting and highly scientific paper upon "The Operative Treatment of Hemorrhoids." The essayist described the various forms of hemorrhoids, dwelling particularly upon the symptoms and clinical picture, with rules governing the adoption of surgical procedures for the relief of the patient. The essayist described in detail his own operation for hemorrhoids, which is now generally known as the Pennington operation, and which has been adopted by a large number of prominent operators as being the most successful operation that has ever been advocated for the treatment of hemorrhoids. The various instruments and all other paraphernalia used in the operation were displayed and described. The paper was very generally discussed, among those taking part being Drs. Porter, Duemling, Buchman, Rosenthal and McOscar.

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At the regular meeting of the Allen County Medical Society

held on Tuesday evening, April 8, Dr. Duemling presented a paper upon "Tumors of the Salivary Glands," with presentation of a case. Dr. Nichols presented a paper upon "Enteritis." We are unable to give a report of this meeting.

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### KANKAKEE VALLEY MEDICAL SOCIETY.

The annual meeting of the Kankakee Valley Medical Society will be held in the court house at Knox, Ind., on Tuesday, May 6, 1902, beginning at 1:00 p. m. This society receives its membership from the counties of Lake, Porter, Laporte, White and Carroll.

Among the papers to be presented are the following: "Post Partum Haemorrhage, its Common Sense Treatment," by Dr. L. D. Glazebrook of Knox; "Diagnosis of Gall Bladder Disease," by Dr. D. J. Loring, Valparaiso; "The Use of Belladonna in Refraction," by Dr. C. L. Thomas, Logansport; "Appendicitis," by Dr. G. W. Thompson, Winamac; "Haemorrhoids and their Treatment," by Dr. Jos. Rubsam, Logansport; "Treatment of Diphtheria," by Dr. B. W. S. Wiseman, Culver.

Aside from the regular program a number of interesting cases will be presented by various members of the society. A cordial invitation is extended to all medical men in Northern Indiana and Southern Michigan to attend and take part in this meeting.

The officers of the society are: President, W. E. Kelsey; vice president, L. D. Glazebrook; secretary, G. E. Hoffman; assistant secretary, C. E. Gould; treasurer C. J. Loring.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.,  
107 West Main Street.

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A Journal of Medicine and Surgery, Published between the 1st and 15th of every month. Price, \$1.00 Per Year, Postage Prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions, and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 55 West Wayne Street, Fort Wayne, Ind.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### UNSIGNED EDITORIALS, NOTES AND REVIEWS.

Ch. Wardell Stiles, Pathologist United States Bureau of Animal Industry, writes a letter to *American Medicine*, March 15, in which he objects to the almost universal custom of having unsigned editorial articles, book reviews, and notes in scientific and medical journals. He says that from the standpoint of the bibliographer and original worker the objection is a serious one. He closes the letter with the question: "Whether, from the standpoint of the editorial sanctum, there are any reasons for publishing editorials, notes and reviews, unsigned, which would outweigh the reasons for having them all signed with the names or at least with the initials of the actual authors." We quite agree with Mr.

Stiles and have no hesitancy whatever in answering his question in the negative.

M. F. P.

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### PHYSICIANS WHO OPPOSE VACCINATION.

The recent occurrence of smallpox in the families of a number of physicians who oppose vaccination is a most serious matter. It is said that "vaccination by the mouth," or "by the stomach," is the method advised by them. Such phrases, according to science, betray an obstinacy that is worthy of punishment. We can find some excuse for layfolk, wholly ignorant of physiology, history and statistics, who oppose vaccination, but in physicians there is no excuse whatever. The testimony as to the value of vaccination is so overwhelming that those who do not admit it have no right to pass from the sickroom of patients with highly infectious diseases and scatter the germs among the people. Such physicians should be quarantined with their patients. Argument will have no effect upon such minds, and the swift punishment of their delusions by the occurrence of smallpox in themselves or in their families will have no influence upon their views or in their advice to their patients. In the name of medicine, to oppose the best established medical truth, and in the name of therapeutics, to scatter disease is an outrage upon the community.—*Amer. Med.*

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**Remember the meeting of the Indiana State Medical Society, to be held at Evansville on Thursday and Friday, May 22nd and 23rd. A scientific program of interest to any medical man and social features to please all.**

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### PURDUE UNIVERSITY.

The attention of our readers is called to the advertisement of Purdue University which appears on the third cover page of the *Journal-Magazine*. Indiana physicians in particular are proud of this institution, which already has a reputation of being one of the foremost universities in the country. Of particular interest to



medical students and practitioners will be the announcement of the special pre-medical courses which cover four years' work and lead to the degree of bachelor of science, but which are so selected as to more thoroughly fit the students for the medical profession. The pre-medical course thoroughly prepares the student for medical colleges of the highest grade, and its graduates receive substantial credits in the professional schools approved by leaders of medical education.

The demand for a high standard of pre-medical education has increased to such an extent that the man who desires and expects to make a success in the practice of medicine and surgery, or any of its branches, must avail himself of the most approved teaching and study before taking up active medical work. Nowhere can the student be better fitted for admission to the advanced medical schools and colleges of our country than at Purdue University.

A. E. B.

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#### SMALLPOX IN INDIANA.

The rather wide-spread prevalence of smallpox in Indiana should lead the various county and city health boards to enforce the regulations regarding vaccination. It is unfortunate that in some communities there yet remain physicians who through a spirit of stubbornness or ignorance oppose quarantine measures, vaccination, and all other regulations that have been clearly proven absolutely essential in the prevention and limitation of the disease. They even question the diagnosis by competent observers, and in many instances openly oppose measures instituted for controlling the disease, thus making it possible for spreading the infection over a wide area if their opinions are heeded. We are glad to know that in the majority of the counties of Indiana, incompetent and morally weak health officers have been weeded out and good men with a knowledge of smallpox and an appreciation of the requirements to suppress the plague, and moral courage to carry out their convictions, are being placed at the head of public health affairs. We are also glad to note that the better class of physicians are appreciating the necessity of insisting upon vaccination and revaccination as an absolute preventive of smallpox. Except for the universal adoption of vaccination it will not be possible for us to effectually stamp out smallpox in this country, and for that reason every intelligent and self-respecting physician should use

his influence in behalf of the one measure that will surely and effectually limit the development of this dreadful scourage.

A. E. B.

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### SMALLPOX IN FORT WAYNE.

At this writing there are five cases of smallpox in the city of Fort Wayne, the number having steadily increased since the development of the first case over four or five weeks ago. The citizens of Fort Wayne are to be congratulated upon having efficient health officers, who have not only promptly recognized the disease and instituted proper quarantine measures, but have taken steps to prevent the further spread of the disease by insisting upon compulsory vaccination of all individuals exposed, and all pupils of the public schools. Up to date every case of smallpox in the city has been traced to one of the surrounding towns or cities where smallpox exists and where quarantine regulations are but indifferently enforced. Not one of the cases in the city has been the cause of the development of further cases, which in itself speaks well for the early recognition of the disease by the physicians in charge and the adoption of the necessary precautionary measures. The people are also to be congratulated upon having few, if any, physicians who are so ignorant or stubborn as to doubt the diagnosis of smallpox by the officers connected with the city board of health, or oppose any of the measures instituted by the board with a view to limiting or suppressing the disease. It has become so thoroughly unpopular, if not seriously disastrous to professional reputation in the city of Fort Wayne to make a mistake in the diagnosis of an eruptive disease which shows any symptoms of being smallpox, that but few medical men hesitate to at once call the city health officer in all suspicious cases and afterwards abide by the decision if the case is pronounced smallpox. This state of affairs is conducive to a very decided freedom of the city from contagious diseases of all kinds, and but for the ignorance, and stupidity of some of the physicians in the towns tributary to Fort Wayne the city would be free from the smallpox that now exists in the community. To advise physicians to always call competent authority to settle a diagnosis of smallpox, and to beg them to quarantine all suspicious cases and adopt vaccination as the one and only preventative of the disease, ought to be superfluous in this day and age and in



the face of our positive knowledge regarding the etiology, pathology, symptomatology, prognosis, treatment and preventive measures of smallpox. Yet it is evident that there are still existing enough ignorant, conceited and stubborn physicians to effectually retard the good work of the progressive medical profession, and make it possible for the spread of disease, suffering and disfigurement that ought and could be effectually stamped out of existence. The old adage, "better let ten guilty ones escape than hang one innocent," may be adapted to the question of diagnosis and quarantine of a case of smallpox. Better quarantine ten cases of chickenpox, or any other mild eruptive disease, than let one case of smallpox escape quarantine through an error of judgment. The sooner this fact is recognized by some medical men, and the sooner some medical men recognize the fact that they do not know all that is to be known of subjects pertaining to medical science, the better it will be for all concerned.

A. E. B.

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### TUBERCULOPHOBIA.

Some of the prominent physicians of Colorado, California, and other well known health resorts have been complaining regarding the growing tendency on the part of people in many communities where tuberculosis exists, to make the life of a tuberculous patient miserable by useless and oftentimes inhuman restrictions. Physicians are to a great extent responsible for this owing to the expression of exaggerated statements about the contagiousness of tuberculosis.

It would seem high time for the medical journals throughout the country to take a hand in the matter, if the unhappy victims, thousands in number, who suffer from tuberculosis are to be saved from unnecessary if not inhuman exactions placed upon them by ignorant and over-zealous guardians of public health. The question is a serious one in some portions of California and Colorado, long famed as health resorts for lung patients. As stated by a correspondent in the *Journal of the American Medical Association*, thousands of people in Colorado and California, who went there for their health have regained it and taken up permanent residences, but who now advocate the passage of laws restricting others from regaining their health in the same way. In some

of the more famous resorts in these two states it has become almost impossible for a consumptive or even a person with a suspicion of consumption, though it be no more than a reflex cough, to obtain shelter at either a hotel or boarding house. This mania, which can be termed nothing less than tuberculophobia, arises through a misconception of the degree to which tuberculosis is infectious, and the evil teaching of many ill-informed physicians who lend support to the theory that any individual, whether in health or not, can acquire the disease by contact with it, irrespective of the well known essential factors for the development of the disease, i. e., favorable soil upon which the bacillus thrives.

We believe the plan followed by many States of establishing sanitoriums for the care and treatment of tuberculous patients is commendable, but the plan to forcibly isolate them into colonies like lepers, is as inhuman as it is unnecessary. Pure air and sunlight is the worst foe of tubercle bacilli, and it is fortunate that the sufferers from tuberculosis can find within the domains of the United States a locality where the percentage of pure air and sunshine is as great as it is in portions of Colorado, California, and New Mexico, now famous for curative effects in tuberculous individuals. To bar the unfortunate sufferers from these regions is nothing short of criminal, if not clearly outside the limits of constitutional right.

We sincerely hope that the medical profession, and the medical press in particular, will use every honest endeavor to prevent a spread of this insane panic relative to the contagiousness and infectiousness of tuberculosis, and the necessity of isolating individuals suffering from the disease in any of its forms. We believe the time is ripe for the publication in the secular press of articles, from well known authorities, giving such facts relative to tuberculosis as should be known by the general public, such articles to be authorized by medical societies and be couched in such language as will make them readily understood by the average lay individual. In this manner the public will receive much needed information, and the senseless tuberculophobia which now seems on the gain throughout many portions of the United States will receive a deserving check. Such a step is warranted on the part of the medical profession, the guardian of public health, as a means to prevent much of the imposition and humiliation that seems destined to be heaped upon the heads of tuberculous sufferers un-



less the present agitation in favor of cutting off their rights is suppressed.

A. E. B.

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## WANTED.

### MARCH NUMBERS of the JOURNAL-MAGAZINE

We will pay five cents and the postage for every copy of the March (1902) number of the Journal-Magazine that is returned to us in good condition. We especially request those who can spare their March Numbers to favor us by accepting this offer. Place your name and address upon the Magazine and mail to

**DR. ALBERT E. BULSON, JR.,**

**Editor Medical Journal-Magazine,**

**Fort Wayne, Ind.**

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### THE SCANDAL AT THE NORTHERN STATE PRISON.

Dr. B. S. Horne, a reputable physician and until recently occupying the position of resident physician for the Northern Indiana State Prison, located at Michigan City, has filed charges with the Governor and the Board of Trustees for the prison, charging the superintendent and warden of being guilty of not only the grossest mismanagement of the affairs of the institution, but cruel and inhuman treatment of the inmates. The charges, if true, show that the treatment of prisoners has been criminally brutal, and warrant placing the superintendent and warden in cells rather than allowing them to oversee and guard others occupying cells in the prison.

Dr. Horne further alleges that he has repeatedly brought to the notice of the Governor and the Board of Trustees evidence of such a nature as warranted an earlier investigation of the conduct of those in charge of the prison. To all charges, the last included, the Governor has not only given no attention, but, announced that he proposed to ignore entirely on the ground that the matter belongs to the Board of Trustees. The Board of Trustees have at-

tempted to whitewash the whole affair by asserting that the charges have been preferred by a man who desires to vent his spite, and the action of the Board is approved by the Governor.

The editor of this periodical is a republican first, last and all the time, but he has no hesitation in saying that when a republican Governor of Indiana fails to investigate such charges as those brought to his attention by Dr. Horne, he is guilty of malfeasance in office, and unworthy of the respect and confidence of the people of Indiana and particularly the republican voters who placed him in the high office he now holds. Governor Durbin cannot escape responsibility by throwing the affair upon the shoulders of the Board of Trustees for the prison, for it is his manifest duty to see that the members of the Board of Trustees appointed by him fill their offices in an intelligent and withal in an honest manner, in justice to the citizens of the State, as also to the poor unfortunates who have been legally incarcerated in the prison. Dr. Horne is a man of reputation, and in his charges, which he agrees to offer under oath, he specifically cites the instances in which the prison management have been guilty of brutal offenses that are not less than crimes; and he further positively agrees to furnish all necessary evidence to substantiate any and all charges preferred. Whether the charges be true or not Governor Durbin can not afford, in justice to himself as well as the State of Indiana, which now stands disgraced in the eyes of the majority of the people of this country, to do aught else than investigate the charges fully and without fear or favor. If the charges are sustained by the evidence then Governor Durbin should take means to thoroughly punish the offenders and right the wrongs so far as in his power by the appointment of an entirely new management. No other course is open to an honest and conscientious Governor who has the best interests of the commonwealth which he represents uppermost in his mind. We sincerely hope that Governor Durbin will think better of his decision, and that it will not be necessary for an outraged public to demand that which the Governor of the State of Indiana should not only be willing but anxious to bring about as the only conscientious course for him to pursue.

A. E. B.



## THE EVANSVILLE MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

We have received the following news from Dr. Edwin Walker, chairman of the committee of arrangements, regarding the coming meeting of the Indiana State Medical Society which is to be held at Evansville on Thursday and Friday, May 22 and 23, 1902:

"The preparations for the meeting of the Indiana State Medical Society are progressing favorably, and everything points to a large and successful one. Many letters have been received from all parts of the State, evincing unusual interest. The more liberal attitude of our societies has led to an increased membership in all parts of the state, and we have now the largest membership ever attained, and it should be increased by several hundred by the time of the meeting. From these facts we are confident that the attendance will be large, perhaps larger than any other meeting.

Reduced railroads rates, or one and one-third fare for the round trip, have been secured, and in addition the same rates have been obtained on the roads in Southern Illinois and Western Kentucky. The Vanderburg County Society thought this would be a good time for Indiana doctors to make the acquaintance of the doctors in the adjoining States, and will issue a special invitation to the doctors indicated. Of course, they will not present papers, but their presence will be an encouragement to us, and add much to the interest of the occasion. The widening of acquaintance, and formation of friendships is one of the most important functions of a medical meeting.

The program is under way and already an exceptionally fine lot of papers have been sent to the committee. Dr. Vaughn, who delivers the honorary address for the society, has selected as his subject "Immunity; Toxins and Antitoxins; The Employment of Antitoxines in the Treatment of Disease."

The Society button, designed by F. Manson Gilbert, Jr., Evansville, Ind., has already been made up and is very unique; also a booklet of original poems about doctors, by Miss Rosalie I. Stewart, also of Evansville, making a beautiful souvenir. These with the programs will be distributed to all members before they leave for home.

The address of Dr. Vaughn and the President will be held in the People's Theatre, which is opposite the St. George Hotel,

and after that the entire Society, guests and citizens will adjourn to the river, and a boat ride enjoyed until midnight, and every arrangement has been made for their comfort and pleasure. The moon will be full on that evening, and there is no doubt the trip will be delightful. There will be music, feasting and dancing, in fact, something to suit the tastes of all.

The ladies' committee with Mrs. Dr. Brose as chairman will look after the ladies, and with rides to the Country Club and Insane Hospital, and private receptions, will keep them busy.

But why go into details? Evansville will welcome the Society and everything will be done to make the occasion a scientific, social and artistic success.

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## NEWS NOTES AND COMMENTS

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FORT WAYNE'S QUACK MEDICINE BUSINESS.—As an evidence that the quack medical institutions of Fort Wayne are doing an immense amount of business it need only be said that these institutions spend between eight and ten thousand dollars per month for postage stamps at the Fort Wayne postoffice. It is also reported that two of these concerns together spend more than \$35,000 per month for advertising.

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OBITUARY, DR. CHAS. H. BURNETT.—The *Philadelphia Medical Journal* announces the death of Dr. Chas. H. Burnett of Philadelphia, on January 29. Dr. Burnett was 61 years of age, and for a great many years had been an oculist and aurist of note. He was a student of Dr. Helmholtz in Vienna, afterwards locating in Philadelphia, where he was made aurist of the Presbyterian hospital, consulting aurist for the Pennsylvania Institution for Deaf and Dumb, Professor of Otology at the Philadelphia Polyclinic, and consulting aurist of the Bryn Mawr hospital. He was the author of a large work on Otology, and very recently has edited the otological department of a volume devoted to diseases of the ear, nose and throat.

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DR MURPHY HONORED.—Dr. John B. Murphy, the eminent



Chicago surgeon, has been awarded the Laetare medal from the University of Notre Dame. Yearly for nineteen years the Laetare medal has been bestowed upon some great American by this university. Men and women of science, lawyers, editors, authors, dramatists, philanthropists and philosophers have been honored, but among the 19 persons receiving the medal, Dr. Murphy is but the second physician to receive the distinction. His friends in the medical profession appreciate his signal success in surgery and medicine, as well as his worth as a man, and are pleased to know that this honor has been bestowed upon him, and consider him worthy of it.

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VACCINATE.—Smallpox counts sufficient victims each week to permit of not the slightest relaxation in our efforts to struggle against it by the only effective method that we possess, viz., vaccination. We do not know what the action generally of great employers may be, but we believe that such institutions as traction companies, postoffice departments, ship yards, locomotive works, railroad companies, etc., would be entirely justified in exacting a certificate of successful vaccination within five years as a prerequisite for entering or continuing in employment. Every conductor, every motorman, and every mailcarrier—all of these coming into more or less intimate contact with the public—should be vaccinated.—*Amer. Med.*

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SMALLPOX CRUSADE IN CHICAGO.—The alarming increase in the number of smallpox cases in the territory tributary to Chicago has lead the Chicago board of health to institute a vigorous war against the plague by the insistence upon compulsory vaccination, disinfection, and other hygienic measures tending to retard the progress and development of the disease. The large trunk line railroads entering Chicago have entered heartily into the plan proposed by the Chicago health commissioner, and have insisted upon vaccination of all railroad employes, the repeated and thorough fumigation of coaches, and stringent regulations regarding the acceptance of passengers or baggage from smallpox infected districts. It is expected that the co-operation of the transportation companies in the campaign against smallpox will result in complete control of the epidemic within a very short period of time.

LARGE GIFT FOR TUBERCULOUS HOSPITAL.—The sum of \$1,000,000 has been placed at the disposal of King Edward of England, by Sir Ernest Cassel, for the erection and maintainance of a tuberculous hospital, which shall be opened to any and all individuals suffering with tuberculosis, irrespective of financial ability to pay for services rendered. The king has appointed an advisory committee of eminent medical men, who have decided to erect a sanatorium to accommodate 100 patients divided equally between the two sexes. It is intended that the institution will be as perfect as possible in every detail, and that nothing will be omitted which our present day knowledge indicates as necessary or advantageous in a tuberculous hospital. The institution will also be fully equipped with facilities for scientific research, and certain sums have been set aside to be used as prizes for the best essays relative to the work of the institution.

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THE FORT WAYNE MATERNITY HOME.—In the advertising pages of the *Journal-Magazine* will be found the announcement of the Fort Wayne Maternity Home, conducted by Dr. Luella Derbyshire, at 1633 Cass avenue, Fort Wayne. We believe that physicians residing in the city of Fort Wayne as well as in the towns and villages tributary thereto, should be acquainted with this institution, which is conducted by a lady physician of experience and standing in the medical profession. The home affords all the privacy and retirement desired, and combines the comforts of home with the conveniences of a hospital. Patients are received before and during confinement, and are permitted to employ any physician that they may select. Physicians placing patients in the home may have complete control of all medical and surgical attention required. It is the intention of the management to maintain the Home as an institution worthy of the endorsement of the medical profession.

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OSTEOPATHY TAUGHT BY MAIL.—We are accustomed to seeing advertisements in the large metropolitan monthly magazines guaranteeing to fit persons for certain kinds of professional work through teaching by mail, but it remains for an enterprising swindler to carry the scheme a step farther by promising anyone sufficient proficiency in the knowledge of Osteopathic practice through correspondence to enable them to practice the art (?) successfully



and with attending large pecuniary income. The circulars sent broadcast throughout the country and to people with and without educational advantages, announce that the cost of such a mail course in Osteopathy is but \$50, and the length of time required will depend entirely upon the proficiency of the pupil, many persons being considered sufficiently competent to enter practice after a few lessons by mail. It is unnecessary to add that such swindling schemes should be vigorously suppressed by law, not alone because the public is being injured through the multiplicity of osteopathic practitioners, but because the dupes who take the mail course advertised are defrauded by not receiving what they are paying for.

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ALLEGED AUTHORIZED KOCH SANITORIUM IN AMERICA.—(Abs. *Amer. Med.*, March 1, 1902.)—The daily papers of an eastern city are advertising a sanitorium with the announcement that it is the only sanitorium in America authorized by Prof. Koch. Lymph at \$2.00 per bottle and Prof. Koch's lymph inhalation apparatus and treatment at \$10, is advertised by the institution. Fabulous fees are charged for treatment supposed to be given by Prof. Koch or one of his relatives. One of the duped patients finally wrote to the Imperial Institute for Infectious Diseases at Berlin requesting information regarding the so-called American branch, and received the following reply authorized by Prof. Koch, which translated is as follows:

BERLIN, Dec. 13, 1901.

In reply to your kind letter of Dec. 1, addressed to Prof. Koch, I am commissioned to say that Prof. Koch has no connection with the "Koch Lung Cure" swindlers or with any such institutions, and that he does not know and is not related to any of the rascals.

(Signed.)

G. A. POHNERT,  
.. Secretary.

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A WISE CORONER'S JURY AND EDDYISM.—In Michigan recently, a Wayne county coroner's jury returned the following verdict in the case of a believer in Eddyism, who died without medical attendance:

"We find that the deceased came to his death as a result of a

complication of diseases, mostly acute in form and character, and that his end was untimely and most miserable, owing to his being denied the medical supervision and treatment which by the common consensus of the best opinions of the most enlightened of mankind and the accumulated experience of all time has demonstrated to be necessary and imperative in the proper prevention of disease and death, and the humane amelioration of human suffering. We find inhuman treatment accorded said deceased was by a so-called sect of "christian scientists" in disregard of all basic and physiological laws."

We have more than once had occasion to criticise the decisions of coroner's juries and it is therefore a positive pleasure to quote one that deserves only commendation as in this case.—*Jour. Amer. Med. Asso.*

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DEATH OF DR. FENGER.—Through Associated Press dispatches we learn of the death of Dr. Christian Fenger, on Friday evening, March 7. On Nov. 3, 1900, the 60th anniversary of his birth, the medical profession, stimulated by the efforts of a large number of warm, personal friends and acquaintances in Chicago, gave Dr. Fenger a testimonial banquet which was attended by over 500 prominent medical men from various portions of the United States. The souvenir book containing the toasts and speeches delivered on that occasion also contains the following biography:

"Dr. Christian Fenger was born in Copenhagen, Denmark, Nov. 3, 1840. While still a medical student in 1864, he served as surgeon in the war between Denmark and Germany. He received his diploma in 1867, and was for two years assistant in Wilhelm Mayer's Ear Clinic in Copenhagen. During 1868 and 1869 he was an interne in the Royal Friedrich's Hospital, Copenhagen. At the out-break of the Franco-German war he became surgeon in the Red Cross Ambulance Corps and served in that capacity throughout the war. From 1871 to 1874 he was prosector and during 1873 and 1874 privat-docent at the Copenhagen City Hospital. In 1875 he went to Egypt and was a member of the Sanitary Council and surgeon to the Khalifa District of Cairo. In 1877 he came to Chicago, which has since been his home. In 1878 he became a member of the Attending Staff of the Cook County Hospital; in 1880 Curator of the Rush Medical College Museum; in 1884 Pro-



fessor of Clinical Surgery at the College of Physicians and Surgeons; nine years later Professor of Clinical Surgery at Chicago Medical College, and in 1899 was appointed to the chair of Clinical Surgery in Rush Medical College. During his residence in Chicago he has been or is surgeon to Cook County, Presbyterian, Tabitha Norwegian, Passavant Memorial, Lutheran, German, and German-American hospitals.

He has been a frequent contributor to the literature, eighty articles being credited to him during the last thirty years.

Recently the king of Denmark has conferred on him the order of Ridder of Dannebrog. The insignia of his knighthood appears on the front cover."

In the death of Dr. Fenger the medical profession loses one of its most successful surgeons, one of its greatest teachers, one of its most highly scientific minds and one of its purest and noblest characters. The great and beneficent influence of the teaching in the life of Dr. Fenger has done much for the medical profession and will live forever after.

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THE PATHOLOGIC EXHIBIT AT SARATOGA.—The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th inclusive.

This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul respectively where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens but the allied fields, bacteriology, haematology, physiology and biology were well represented.

It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in Medical colleges.

This exhibit has already become a permanent feature of the annual sessions of the American Medical Association and the committee is desirous of securing its list of exhibits as early as possible and to this end asks those having desirable materials to communicate with any member of the committee.

To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification and by such specialization enhance the usefulness of the display.

Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the committee and due credit will be given in the published reports.

Very respectfully,

F. M. JEFFRIE:, 214 E. 34th Street, New York, City.

W. A. EVANS, 103 State Street, Suite 1403, Chicago, Ill.

ROGER G. PERKINS, West. Res. Med. School, Cleveland, O.

Committee on Pathologic Exhibit, American Medical Association.

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PERSONALS.—Dr. W. N. Fowler, of Bluffton, Ind., recently received a very serious injury as a result of a runaway accident. It is expected that he will be confined to his home for some weeks in consequence.

Dr. G. W. McCaskey, one of the editors of this periodical and a specialist in gastro-enterology, will attend the fifth annual meeting of the American Gastro-Enterological Association, to be held at "The Shoreham," Washington, D. C., on Thursday, May 1st, 1902. The subject of Dr. McCaskey's paper is, "Electrical Reactions of the Gastro-Intestinal Musculature and its Therapeutic Value."

Dr. Thomas Cave, of Antwerp, O., one of the old practitioners of the place, died March 6, as a result of a stroke of apoplexy.

Dr. E. J. McOscar, Fort Wayne, has returned home from New York and Philadelphia, where he spent a couple of months in post-graduate study.

Dr. W. O. Gross, Fort Wayne, who recently resigned his position as secretary and treasurer of the Fort Wayne Drug Co., (wholesale), has re-engaged in the retail drug business by purchasing the Rehling pharmacy at the corner of Barr and Washington streets. Dr. Gross is an experienced and very competent chemist and pharmacist, and will undoubtedly secure, as a result of these qualifications and his well known popularity, a large and profitable patronage.

Dr. J. W. Squires, of Churubusco, Ind., was recently sued in the courts of Whitley county for mal-practice and damages alleged to be due to incompetency and criminal carelessness in an operation for appendicitis. To the jury the evidence seemed sufficient to prove the charge, and a verdict of \$1,500 and costs was awarded the plaintiff. The leading surgeons of Fort Wayne and many prominent medical men from various portions of Northern Indiana were witnesses in the case.



Dr. E. C. Neville, a member of the graduating class of the Fort Wayne College of Medicine, left early this month for Seattle, Wash., where he will enter into a partnership with his brother for the practice of medicine.

Dr. Miles F. Porter, Fort Wayne, has accepted an invitation to deliver the commencement address for the Detroit College of Medicine during the first week in May.

Dr. G. M. Brattain, Antwerp, O., has been a frequent visitor in Fort Wayne during the past month.

The Allen County Medical Society was entertained at the home of Dr. Miles F. Porter, on Tuesday evening, March 18th, the guest of honor being Dr. J. R. Pennington of Chicago, who addressed the Society early in the evening upon the subject, "the Surgical Treatment of Hemorrhoids."

Dr. C. B. Stemen, B. Von Sweringen, M. F. Porter, and A. E. Bulson, Jr., of Fort Wayne, presented papers before the Marshall County Medical Society at Plymouth, on April 10th.

Dr. Edwin Walker, of Evansville, the chairman of the committee of arrangements of the Indiana State Medical Society, is doing some hustling in making arrangements for the meeting of the Society that is to be held at Evansville on May 22 and 23. Dr. Walker has made it a point to make an individual appeal to every member of the Indiana State Medical Society, and we believe he has so impressed the members with the importance of attending this year's meeting that an attendance far beyond that of preceding meetings will result from the efforts. The Evansville medical fraternity will certainly give the visitors a royal welcome.

The nine young physicians just graduated from the Fort Wayne College of Medicine are selecting locations to begin the practice of their profession, and with possibly two exceptions they will engage at once in active practice. Dr. E. M. VanBuskirk and Dr. Alfred Kane expect to take a further course of instructions in an eastern school. Dr. P. V. Ketchum has located at Popejoy, Iowa. Dr. D. C. Wybourn has taken a position as assistant physician at the Indiana School for Feeble Minded Youth. Dr. H. G. Griebel continues another year as interne at St. Joseph hospital. Dr. G. N. Lake will establish himself in practice at Pleasant Lake, Steuben county. Dr. E. C. Neville goes to Seattle, Wash., where he has a brother in practice. Dr. Dennis Cudahy will engage at Oakwood, Ohio, and Dr. J. F. Morse will remain in this city.

FORT WAYNE COLLEGE OF MEDICINE COMMENCEMENT.—The twenty-third annual commencement of the Fort Wayne College of Medicine was held on Tuesday, March 24th. Preceding the graduating exercises the alumni association held its annual meeting and elected officers and transacted other business. Papers were presented by Doctors F. A. Lobdell, of Chicago; J. C. Pence, of Lima, Ohio; and George Carver, of Albion, Ind. The election of officers resulted as follows: President, Dr. J. B. McEvoy, Fort Wayne; first vice president, Dr. O. T. May, Monroeville; second vice president, Dr. A. H. McBeth, Fort Wayne; historian, Dr. Mary Whery, Fort Wayne; secretary, Dr. G. M. Leslie, Fort Wayne.

The commencement exercises were held at the Westminster Presbyterian church in the evening, the degree of doctor of medicine being conferred upon the following gentlemen who have completed the prescribed four years' course: Dennis Cuddahy, Herman G. Griebel, Alfred S. Kane, Phillip V. Ketchem, George N. Lake, James F. Morse, M D., Edward C. Neville, Edmund M. Van Buskirk and David C. Wyburn.

Following the divine blessing by the Rev. J. B. Fleming the dean of the college, Dr. C. B. Stemen, formerly welcomed the guests to the commencement exercises in an appropriate manner. Attention was also directed to the early history of the college, and the advancement that has been made since the organization in 1876 until the present time. The college has always been foremost in efforts to create and maintain a higher standard of medical education, and was the second college in the association of medical colleges to adopt the four years' graded course. The college faculty has repeatedly been enlarged by the addition of new professors, new instructors and new demonstrators, and the equipment correspondingly increased to keep abreast with not only the growth of the college but the progressiveness of medical education. The dean said that the faculty of the college looked with pride to the record established, and could point to some of the most eminent practitioners and teachers of medicine who received their first medical diploma and early medical training at the Fort Wayne College of Medicine.

The Honorable J. M. Barrett delivered a most scholarly and entertaining address on behalf of the Board of Trustees. The speaker devoted considerable attention to the early history of med-



icine and recounted many of the trials and tribulations encountered by medical men in having the science duly recognized and credited. Reference was made to the endless number of fads which have obtained recognition from people of all ages, and the tendency for a continuance of deception and fraud by medical fakirs as long as the people are willing to pay for being deceived. The speaker said that education is the only cure for quackery and that the medical profession could look with pride to the successes attained, oft-times under the most trying circumstances and in the face of the bitterest opposition. The wonderful achievements and progress in the science of medicine are told in the improved sanitary laws for the prevention of disease and the increased longevity of life as brought about through a discovery of medical and surgical means for baffling the ravages of disease. In concluding the address Mr. Barrett said: "We give due credit to the leaders of all progress, but the peoples' debt of gratitude is still greater to those who have devoted their lives to ministering to the suffering of others. Medicine is no longer regarded as the withered branch of the tree of knowledge, but the one fullest of fruit and flower, and the progress of medicine and surgery has added more to the sum of human happiness than all other things which have contributed to our material prosperity."

Following the administration of the oath by the dean, President Chas. McCulloch of the Board of Trustees conferred the degree of Doctor Medicine, and the secretary, Dr. Havice, presented the diplomas.

The valedictory for the faculty was delivered by Dr. B. Von Sweringen, whose theme was "Tuberculosis." After referring in a general way to the ennobling profession of medicine, Dr. Von Sweringen gave an interesting address on the "White Plague," told of its origin in the bacillus, its lodgment in the human system and its dread work there. The mortality of all other diseases combined does not equal that of tuberculosis, and its victims in the United States constitute a number equal to the population of three cities the size of Fort Wayne each year. Dr. Von Sweringen told of the contamination of the air by the drying sputum of tubercular persons, and said that educational methods would largely reduce the prevalence of this malady. He would teach the patients sanitation, and advocated the construction of hospitals where the victims might be separated from other persons and intelligently treat-

ed. He referred to the necessity for a contagious disease hospital in Fort Wayne, and advocated an out-door life as absolutely essential to those afflicted with tuberculosis. Dr. Von Sweringen closed with some earnest words of advice to the young physicians upon whom the degree had just been conferred.

Following the commencement exercises the graduating class, faculty and guests were entertained at a banquet given by the Alumni Association at the New Aveline hotel. About one hundred and fifty ladies and gentlemen partook of a splendid menu and thoroughly enjoyed the flow of wit and eloquence brought out in the toasts which completed the exercises for the night. Dr. J. C. Pence, of Lima, Ohio, officiated as toastmaster, and it was nearly 3 a. m. before the conclusion of the toasts and responses, which were as follows:

Hobbies of an Educated Man .....	Rev. J. B. Fleming
The Faculty .....	Dr. K. K. Wheelock
The Doctor as a Financier .....	Hon. Chas. McCulloch
The Press .....	John T. Dougali
The Class of 1902 ..	Dr. P. V. Ketchum
The Doctor and the Poet .....	Dr. M. F. Porter
The Pharmaceutical Drummer .....	Dr. H. V. Sweringen
Our Profession .....	Dr. W. H. Myers
Milestones .....	Dr. H. A. Duemling
An Eye to Business .....	Dr. A. E. Bulson, Jr.
The Country Doctor .....	Dr. Kuntz

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RECOGNIZING ADAM AND EVE.—A doctor once presented himself at the Golden Gates for admission, and after passing a fair examination as to his conduct, St. Peter agreed to permanently admit him if he could pick out Adam and Eve from the assembled angels. The doctor looked around and soon found his progenitors. Peter asked him how in the name of the golden harps he had managed to recognize them. "Oh!" said the doctor, "that is easy; they are the only ones without an umbilicus." —*Medical Times*.



## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. MCCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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ELECTRIC LIGHT BATHS.—Krebs gives an extended description of the electric light chamber which he uses, and discusses its use in various conditions, and its effects. He states that the chief value of the procedure lies in the fact that the patients sweat much more quickly and with much lower temperature when exposed to the arc light baths than they do when other procedures are used. The general factors active in producing this effect are the heat rays from the arc light. Incandescent lights are not so well suited for the purpose. The frequency of the pulse practically always rises quite markedly when the bath has been continued as long as twenty or twenty-five minutes, while the blood pressure as a rule sinks. He considers that these baths are by no means free from danger in cardiac cases, and therefore he hesitates to recommend them for any persons who have organic heart disease, and never does so unless the patient can be watched carefully, and even then he uses but few lamps at first. Many changes are necessary in the construction of the electric light chamber for baths.—*Deutsche Medicinische Wochenschrift*.

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ELECTRICITY IN RENAL DISEASE.—Rockwell reports five cases of renal disease treated successfully with electricity and follows by a general description of the special method and forms of current used. He believes that by arresting inflammatory action and congestive pressure through heightened circulatory drainage and increased infiltration, by removing the inflammatory products which block up the uriniferous tubules, much can be done toward the

prevention of more serious and chronic complications and to hasten the recovery of those cases which have not yet crossed the border line of incurable organic changes. Two methods of administration are used: The high tension faradic current, and the static wave current. Flexible electrodes of blocked tin, three inches in diameter and covered either with sponge or with layers of absorbent cotton, are placed over the region of each kidney and firmly bound. The seances are increased according to the susceptibility of the patient, from 10 minutes to 45 minutes. A strong current should be used. The static wave current was used in connection and alteration with the high tension faradic current. It has the advantage over the last named of exceeding it greatly in frequency and tension; of enabling one to administer a current, not of greater magnitude, but of far greater force and rapidity of oscillation, with the minimum of sensory and motor disturbance.—*N. Y. Med. Jour.*

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A NEW DISEASE FROM TOXAEMIA.—Marfan, in *Archives de Medecine des Enfants* describes an acute affection in children from 1 to 10 years of age, characterized exclusively by vomiting and acetonemia. It is most frequent from 3 to 8 years. In 8 years of practice, Marfan has seen 25 such cases. The vomiting occurs in healthy children, with slight headache, anorexia, and a distinct odor of acetone to the breath. This odor may even precede the attack of vomiting. Everything is vomited and nausea persists. The urine has the same odor of acetone, and as much as 0.6 g. of acetone has been found to the liter of urine. There are perhaps slight fever and irritability, but these are not constant. This condition lasts as a rule five or six days, the children losing flesh and becoming much weaker. Marfan's cases ranged from three to fourteen days in duration. Recovery occurs suddenly, and convalescence is rapid. The affection may recur at long intervals. Several children in one family are sometimes affected. While its cause is unknown, Marfan believes it is not gastric, but probably some sort of intoxication. The prognosis is always good. Sugared ice water with magnesium sulphate in small quantities form the only treatment. The condition is often primary, but may accompany some other disease. Marfan believes that the affection is closely allied to periodical or cyclical vomiting.—*Phil. Med. Jour.*



THE PREVENTION OF OXALATE LITHIASIS.—Professor A. Kemperer in *Berliner Klinische Wochenschrift* December 30, 1901, points out that oxalate calculi occur oftener than has been supposed. Hitherto the only prophylaxis has been to forbid the use of such vegetables as are rich in oxalic acid, especially spinach. But this is insufficient, for although not more than 15 per cent. of the oxalic acid taken with such food reappears in the urine, 10 per cent. passing with the feces, and the remaining 75 per cent, being decomposed by intestinal bacteria and ferments, oxalic acid will often be found in the urine in considerable quantity, even when all food containing it is withheld, the source being the creating of decomposed muscle. The question, however, is not to render the urine free of oxalic acid, but to prevent the precipitation and concrement of calcium oxalate. From a number of experiments which the author carried out in union with Dr. Tritscher, he found that urine rich in magnesia and containing relatively little lime will hold the oxalates in solution. Patients kept on a milk diet, for instance, will excrete a minimum amount of oxalic acid, and yet oxalate sediments will frequently occur in the urine, because milk contains very little magnesia. As a prophylactic diet, then, the author recommends an abundance of meat, fat, bread, all kinds of farinaceous food, rice, and legumes, apples and pears, but forbids the use of milk, eggs, tea and cocoa. A small amount of vegetables, except spinach, because of the oxalic acid it contains, and cabbage, which is rich in lime, may be permitted. Let the patient drink freely. There is no objection to coffee, nor to alcohol, on account of oxaluria. Two grams of magnesium sulfate taken daily will prove advantageous.—*American Medicine*.

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DIAGNOSTIC VALUE OF BLOOD EXAMINATIONS IN GASTRIC ULCER AND CARCINOMA.—Renchi (*Arch. f. Verdauungskrankheiten*, 1901, vii., pp. 234, 392) studied the blood in fifteen cases of carcinoma and fourteen of ulcer of the stomach. The red and white corpuscles were counted, the haemoglobin estimated, and differential counts made of the leucocytes. No characteristic differences could be made out between the anaemia in carcinoma and ulcer, and the conclusion was reached that the examination of the blood is of relatively little value from a diagnostic point of view.

As a result of further studies in normal and various pathological conditions, in eleven cases of carcinoma ventriculi and in

ten of gastric ulcer and benignant pyloric stenosis, the author arrives at the following conclusions:

1. During the digestion of albumin there appears, in the majority of cases, an increase in the number of white blood-corpuscles—a digestive leucocytosis.

2. The climax occurs generally in the third and fourth hours, the average increase in the colorless corpuscles amounting to 3543.

3. Its appearance is connected with the normal function of the pylorus and the intestine.

4. The absence of the digestive leucocytosis is dependent upon pathological conditions of the digestive tract.

5. The presence of an increased number of white corpuscles during digestion is of no value as a diagnostic symptom in cases where there is a question of doubt between new growth and gastric ulcer, for it may appear in both conditions and is independent of the nature of the disease.

6. The absence of digestive leucocytosis in healthy individuals may depend upon a diminution in the contractile power of the pylorus, which results in its insufficiency.—*Amer. Jour. Med. Sciences.*

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DIET AND EXERCISE AS PREVENTIVE MEASURES.—Dr. N. S. Davis, Jr., in the Chicago Society of Internal Medicine said that indiscretions in diet, and failure to take exercise, are among the most important causes of ill-health. While the illnesses that result from dietetic indiscretions and from lack of sufficient exercise are, for the most part, of minor importance, in that they do not create much mortality, and therefore do not appear in the death returns, yet they are of the greatest importance. They limit the amount of work individuals can do. The frequency with which maladies occur, due to indiscretions of diet, can not perhaps be more strongly stated than in the words of Sir Henry Thompson, who has said that more than one-half the diseases which imbitter the middle and latter part of life—among, at least, the middle and upper classes of the people—are due to avoidable errors in diet. If this is true, it is perfectly evident that fully one-half the maladies in middle and later life are affections which can be prevented under careful supervision of physicians, and which should be carefully studied from the standpoint of prevention. It is hardly necessary to more than mention the fact that errors in diet and dietetic



management are among the most common causes of ill-health in infancy and in the early years of childhood. Physicians are familiar with the illnesses that arise from indiscretions in diet, and those that lead to fatal results, and therefore the mortality statistics have been vastly improved by the introduction of measures in large communities for the prevention of many of the illnesses that arise from improper feeding in infancy and childhood.

In order to prevent the dissemination of food which might propagate disease, the universal public inspection of food would help very greatly. Almost all of the parasites that are conveyed by food can be destroyed by heat—by cooking. Therefore, proper cooking is of the utmost importance as a means of preventing the dissemination of illnesses in this way.—*Jour. A. M. A.*

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CHEMICAL INCOMPATIBILITIES.—Chemical incompatibility may be apparent in three ways:

1. By precipitation or the formation of insoluble compounds.
2. By the evolution of gas.
3. In some instances by changes in the color of the mixture.

The largest class is included in the formation of insoluble compounds by precipitation. This precipitation takes place when two salts, combined, form an insoluble salt by the interchange of radicals. The most important incompatibilities are included in the following table as arranged alphabetically by M. L. Neff, for the convenience of the practitioner:

1. Acids or acid salts are incompatible with alkalies and alkaline salts; alcohols (tinctures) and glycerine; hydrates and carbonates; glucosides; bases; relatively weak or volatile salts.

2. Alkalies are incompatible with: alkaloids and their salts; chloral; acids and their salts; relatively weak salts (halogens); metallic salts; calcium and magnesium salts.

3. Alkaloids and their salts with: alkalies; alkaline salts; halogen salts; tannic acid; phosphoric acid; boric acid and sodium borate; hydriodic acid; carbonic acid and the carbonates.

4. Arsenic is incompatible with: tannic acid; salts of metals, especially lead and silver, lime; magnesia.

5. Aqueous solutions are incompatible with: chloroform; metallic salts; essential and fixed oils; alcoholic tinctures; fluid extracts; resinous tinctures.

6. Hydragryri chloridum mite (calomel) with: antipyrin; al-

kalies (lime water, etc.); potassium iodide; salts of iron and lead.

7. Carbonic acid and carbonates are incompatible with: iron salts metallic salts; (especially iron); salts of magnesium and calcium; acetic acid (syrupus scillae.)

8. Aqua calcis is incompatible with: salts of mercury (sometimes intentional); carbonates of alkalies; morphine and quinin salts.

9. Mucilages are incompatible with: alcohol and nitrous ether; iron; aqua plumbi; mineral acids.

10. Nitrous ether (sweet spirits of nitre) is incompatible with: ticture guaiac; mucilages; antipyrin; Ferri sulphas; most of the carbonates.

11. Oxidizing substances, including the permanganates, chlorates, nitrates, etc., are incompatible with: charcoal; ammonium chlorid; tannic acid; sulphur; glycerin.

12. Phosphoric acid and the phosphates are incompatible with: alkaloids; metallic salts; salts of magnesium and calcium.

13. Tannic acid is incompatible with: alkaloids; metallic salts (especially iron and lead); arsenic; digitalis; albumins and gelatins.

14. Gentian preparations will produce a change of color in the mixture when combined with: iron salts; infusion of prunus virginianae; infusio cinchonae comp.; silver nitrate; lead salts.—*Jour. Amer. Med. Asso.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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PROLONGED OPERATIONS.—Dr. A. R. Becker of Seattle (*Am. Medicine*, March 15, 1902), criticizes the too great deliberation which he says is common among modern operators. We are inclined to the belief that the criticism is just. Other things being equal the dangers from operations and from anesthesia increase in proportion as they are prolonged. We gained much, very much, from the introduction of anesthesia, but I believe we lost quite a little from the loss of speed in operating which followed.



BACILLI OF CHOLELITHIASIS.—Italia, (*La Riforma Medica* 1901, Ann. XVII, ii., 830) concludes an article on the above subject as follows:

1. The bacterium coli communis and the bacillus of Eberth are the specific micro-organisms of cholesterin calculi.

2. The streptococcus pyogenes and the staphylococcus aureus may rarely be the cause of cholelithiasis; and, if a calculus should occur, this would consist solely of salts of lime, as the above-mentioned micro-organisms never determine the precipitation of cholesterin.

3. If the bacterium coli communis be associated with the streptococcus and the staphylococcus, their biochemical action takes place more rapidly in the bile; the calculi in this case will be mixed; that is, composed of cholesterin, salts of lime, and biliary pigment.—*Am. Jour. of Med. Sciences*, December, 1901.

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CUTANEOUS EPITHELIOMA AND TREATMENT BY THE X-RAYS.—Allen, (*Med. Record*), asserts that cutaneous epithelioma is of three varieties: (1) That which is ordinarily and wrongly termed "rodent ulcer;" (2) epithelioma proper, or cancer of the rete malpighii, typified in cancer of the lips; (3) that form springing from the glandular structure of the skin. In discussing the etiology of cancer, the author leans strongly to the parasitic theory, and gives his reasons for so believing. He considers the treatment of cutaneous epithelioma by means of the x-rays as still in the experimental stage, though taking his own as well as the experience of others into consideration, he deems the outlook most encouraging. With increased experience in using the X-ray apparatus burns are becoming less frequent, and the author is of opinion that almost all such burns are due to carelessness.—*New Albany Med. Herald*, March, 1902.

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THE CURETTE IN PUERPERAL SEPTICAEMIA.—On several occasions we have called attention to the fact that the routine use of the curette in puerperal infections was neither good sense nor good surgery. Dr. W. R. Pryor, who was one of the commission appointed by the Am. Gynecological Society to investigate the subject of puerperal sepsis and report some line of treatment, concludes, as a result of his studies, that 25 per cent. of all cases are septic and 75 percent. saprophitic.

Curettage is only applicable in the saprophitic cases and is harmful in the others.

Bacteriologic investigation will decide the character of the infection if the clinical symptoms are obscure. If saprophitic infection is present the curette should be used, if the infection is streptococcic the uterine cavity must be let alone. According to Pryor (*N. Y. Med. Jour.* Dec. 25, 1901), Williams and Kronig report a mortality of only 5 per cent, in septic cases and they never treat the uterine cavity.

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THE SHOCK OF INTRA-ABDOMINAL OPERATIONS.—In the course of a paper on the above subject by Dr. McMurtry of Louisville (*Buffalo Med. Jour.*, March), occurs the following: "Dr. Geo. W. Crile of Cleveland, in a series of experimental investigations, has made a valuable contribution to the etiology of shock in abdominal operations. *The American Gynecological and Obstetrical Journal* for March, 1898. These investigations are confirmed by practical experience. He found in a series of experiments upon dogs that shock is produced by opening the peritoneum; that simple exposure of the peritoneum to the atmosphere produced shock, the degree of shock varying inversely with the temperature of the air; the duration of operation and exposure was found to be an important factor of shock; manipulation of the peritoneum and enclosed organs induced symptoms of shock, increasing in intensity as the manipulation extended from the pelvis to the diaphragm; the same symptoms followed the disturbance of local splanchnic vasomotor areas and pressure upon the splanchnic veins, especially upon the vena cava.

These observations were made by means of the graphic method, whereby the alterations of the blood-pressure were recorded. Every experiment in the splanchnic area gave evidence that the dilatation of the vessels controlled by the splanchnic nerves was accompanied, *pari passu*, with the decline of pressure in the central and arterial circulatory apparatus. These nerves are vein nerves, and shock in operation on the splanchnic area is largely caused by the local disturbance of the vasomotor mechanism. The large splanchnic veins are engorged with blood in shock, and this we know is the result of impaired force of the heart's action; while the vasomotor mechanism plays an important role in shock, Crile's experiments show that this is not the whole cause. Clamping the thoracic aorta and



splanchnic arteries did not prevent the symptoms and results of shock from injury to the intestines. It was also shown by Crile's observations that shock follows bloodless operations, thus disproving the assertion of some able clinicians that shock is but another name for hemorrhage. This important note, however, was confirmed by all experiments; "the less the insult to the tissue, the less the shock; the less the hemorrhage, the lighter the shock." The experimental investigations of Crile demonstrated throughout that hemorrhage, rude manipulation, peritoneal exposure, prolonged anesthesia, and loss of body heat are the most potent factors of shock after abdominal operations. These disclosures have long been recognised as clinical facts, and are confirmed by daily practical experience."

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

GLAUCOMA PRODUCED BY COCAINE.—Dr. S. Snell reports in the February *Ophthalmic Review* a case of glaucoma induced by a one per cent. solution of cocaine.—*Ophthalmic Record*.

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TINCTURE OF IODINE IN TONSILLITIS.—Dr. Floersheim in the *New York Medical Journal* advises the use of the tincture of iodine in the treatment of acute catarrhal and follicular tonsillitis. Relief is usually obtained within five minutes after the application, and if used early the inflammatory process is frequently aborted.

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SPONTANEOUS RESORPTION OF CATARACT.—Trousseau (*Jour. De Méd. De Paris.—Jour. A. M. A.*) reports a case of spontaneous resorption of cataract in a woman of 55 who had previously had an iridectomy of both eyes for glaucoma. He has been able to collect 33 cases of spontaneous resorption of cataract, and in more than half of them there was some complication—glaucoma in 7.

SUB-CONJUNCTIVAL INJECTIONS—In reviewing the progress of ocular therapeutics, Dr. A. W. Calhoun, in the January *Ophthalmic Record*, among other things says sub-conjunctival injections of bichloride of mercury are not so much in vogue as formerly because of the danger of more or less local inflammation resulting, and besides so little of the antiseptic enters the eye that it is of no practical benefit. On the other hand the use of sub-conjunctival injections of normal salt solutions is increasing, is without danger, and specially indicated in parenchymatous keratitis, chronic corneal ulcers, iritis, choroiditis, opacities of the vitreous, retinal detachment etc.

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SPREAD OF TRACHOMA THROUGH IGNORANCE—In a paper upon the subject of Trachoma presented before the Illinois Medical Society, Dr. Wm. H. Wilder, of Chicago, calls attention to the prevalence of Trachoma in the State of Illinois and the causes for the development of the disease in such districts. Contrary to the general accepted opinion the disease is most prevalent in the southern and central portions of the State rather than in populous Chicago. Statistics taken from the Illinois State Charitable Eye and Ear Infirmary go to prove that the disease is increasing rather than diminishing, and Dr. Wilder, urges upon the profession the necessity of educating the people as to the necessity for cleanliness and the adoption of the necessary precautions to prevent the spread of the disease, which depends upon both ignorance and filth.

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HYPERTROPHIC RHINITIS SUCCESSFULLY TREATED WITH ADRENALIN SOLUTION.—Dr. F. W. Bock, in the *Buffalo Medical Journal*, reports a case of hypertrophic rhinitis which was practically cured by the use of adrenalin solution applied to the intranasal tissues twice a day for a period of seven days. The swelling was thoroughly reduced after the first application, and after the subsidence of the effect of the solution the swelling did not return to such a decided extent and continued to grow less with each application until it finally disappeared altogether.

(While we believe that adrenalin solution is a valuable adjunct in the treatment of most forms of acute rhinitis with turgescence of the turbinates yet we believe that no dependence can be placed upon it in the treatment of any form of hypertrophic rhinitis. Adrenalin solution is a great boon to the rhinologist, but we



should be careful to credit it with only such beneficial effect as rightfully can be attributed to it.—*Ed.*)

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IODOFORM IN THE TREATMENT OF BOILS OF THE EXTERNAL AUDITORY MEATUS. *The New York Medical Journal* quotes Mr. Comnal who recommends in the *Glasgow Medical Journal* the use of iodoform, menthol and vaseline as an application in the treatment of furuncles of the external auditory meatus.

(We had supposed that iodoform had about lost its prestige as an application in any form. While the ointment recommended by Mr. Comnal may be a most excellent application we very decidedly object to perfuming our patients with such a foul smelling drug as iodoform. We have reason to believe that almost any of the odorless antiseptic powders can be combined with menthol or vaseline with equally beneficial results.—*Ed.*)

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NARGOL IN OPHTHALMOLOGIC PRACTICE.—Dr. L. E. Schwarz, in a paper recently presented before the Chicago Ophthalmological Society, gave the following general conclusions:

“Nargol is relatively non-irritating, has considerable range as an astringent, as well as superior penetrating power, stability, and solubility, and is most efficient in 10 and 20 per cent. solutions, which should not be kept more than five weeks. The addition of a few drops of a one per cent. chloretone solution retards decomposition. In solutions of equal strength nargol is more stable and less irritating than protargol, and appears to be equally efficient.”

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PATIENCE IN FITTING GLASSES.—Dr. Swan M. Burnett, in the January *Ophthalmic Record*, says that after all has been said we must still admit that an accurate and satisfactory fitting of glasses in ametropia will depend upon patient and painstaking work with a trial case, having in mind always an ideal refractive condition, based upon the knowledge obtained by all the objective methods of examination, to which we should endeavor to attain through the sense of the patient. There must be no feeling of hurry either on the part of the patient or surgeon. A crowded waiting room is inimical to the best refraction work. To try to finish a case of even ordinary refraction or what appears to be such, at one sitting is to attempt the impossible. A number of sittings are often required,

and even then it may be necessary to order glasses for trial or experimentation in order to get important information which can be obtained in no other way.

Of the various means that have been devised by practical ophthalmologists for assisting in final examinations, it may be said that all are useful and it is to be regretted that we do not have others. Finally, however, it is necessary to have tact in handling people, quickness in seizing suggestions, and, above all, infinite forbearance and untiring patience on the part of the examiner. He will be most successful in his refraction cases who possesses these qualities in the supremest degree.

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PURULENT OPHTHALMIA OF THE NEWBORN. Dr. W. O. Nance, in January *Medicine*, sums up the essentials in the successful management of purulent ophthalmia cases occurring in the newborn as follows: first, early diagnosis; second, skillful manipulation in eversion of the lids; third, prompt and thorough application of medicaments to cleanse the eye and neutralize the organs of pathogenic circulation; fourth, intelligent and conscientious nursing; fifth, attention to the physical condition of the patient. Dr. Nance says that the clinical picture of the disease is so typical that no difficulty should be experienced in arriving at a positive and correct diagnosis. Thorough though careful eversion of the eyelids is of the utmost importance in effecting thorough cleansing, upon which rests successful results from treatment. Irrigations should be performed sufficiently often to keep the eye perfectly free of the rapidly forming pus. In many instances these irrigations will have to be performed every fifteen minutes, day and night. The physical condition of the patient should also receive attention, and this includes abundant and nutritious diet, frequent baths, fresh air, etc. Of local applications Dr. Nance prefers nitrate of silver to any of the newer preparations which have been much advocated in the treatment of this disease. Cold compresses are employed to reduce the congestion and render unfavorable the condition for the growth of microbic organisms. Hot applications are substituted for the cold whenever there are corneal complications. Keeping the patient in a dark room is not considered necessary.



## MYDRIATICS IN THE CORRECTION OF ERRORS OF REFRACTION

Dr. S. D. Risley, in the January *Ophthalmic Record*, makes a very effective appeal for the more general use of a reliable mydriatic not only for its cycloplegic action, but also for its therapeutic properties in the management of nearly all cases of refractive error. Dr. Risley claims that the fixed cramp of the convergent muscles of the eye, and the spastic efforts of the lids produced by the undue sensitiveness to light, in many cases will temporarily change the corneal radius and thus make the results secured by examination with the ophthalmometer as well as the skiascope wholly unreliable and unsatisfactory. Without the prolonged use of a mydriatic the static refraction of the eyes will not be revealed in a large percentage of that most vexatious class of cases having asthenopic symptoms and fundus changes due to low grades of astigmatism of either the simple or compound variety. Under the sedative or anaesthetic and cycloplegic action of a strong mydriatic the pupil is dilated, the ciliary muscle placed at rest, the irritability of the eye is soothed and the hyperaemic and turgid, fluffy choroid rapidly settles back to a condition of health. It then becomes possible by objective and subjective methods to measure the static refraction of the eye.

As to the value of the different mydriatics, Dr. Risley offers no suggestions other than that in patients presenting no fundus changes or morbid anomalies of binocular vision, homatropin and duboisine may be and often should be employed, since the relatively brief duration of their effect upon the pupil and accommodation causes less annoyance and loss of time. In those patients presenting fundus changes or morbid anomalies of binocular vision, the use of the stronger mydriatics is necessary if satisfactory results are to be obtained.

## *BOOK REVIEWS.*

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AROUND THE PAN.—Uncle Hank's trip through the Pan-American exposition. By Thomas Flemming. Profusely illustrated. 262 pages. Cloth. \$2.00. The Nutshell Publishing Co., New York City.

This book recounts the adventures of a typical Yankee farmer during a two weeks' visit at the Pan-American Exposition at Buffalo. The story is an interesting one from beginning to end from the fact that the reader is given a fairly good idea of what the average visitor really saw at the exposition. Every page abounds in wit and humor that gives a pleasing tinge to the scenes and incidents connected with the story. The book is profusely illustrated, caricatures prevailing with well executed pictures of Pan-American buildings and scenery. The frontispiece of the book consists of a large medallion portrait of President McKinley, drawn with a pen in one continuous line, and considered the most unique work of its kind in the world. To one who enjoys a good laugh and who will appreciate recollections of the Pan-American Exposition, as seen in the illustrations and the story of Uncle Hank's recollections, characteristically told, we recommend "Around the Pan."

A. E. B.

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TREATISE ON SMALL-POX.—A very timely treatise on small-pox to sell at \$3.00 is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians & Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer, and John H. Huddleston, all of whom are officials of the Health Department of New York City and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic



Atlas of Skin Diseases published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of Variola in the successive stages of the disease, also unusual phases of Variola, Vaccinia, Varicella, and diseases with which Small-Pox is liable to be confounded. These illustrations number thirty-seven and will be grouped into ten colored plates, 9 1-2x10 1-4 inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

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STUDIES IN THE PSYCHOLOGY OF SEX. SEXUAL INVERSION.—By Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8 5-8x5 3-4 inches. Extra Cloth, \$2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia; F. A. Davis Co., 1914-16 Cherry Street.

This volume treats of a subject which has, for obvious reasons, received scant attention at the hands of medical men. It will probably always continue to have a certain degree of repulsiveness to the average medical man. Nevertheless, an intelligent understanding of the entire subject is desirable, especially on the part of every physician who expects to give advice on topics of this character. This includes a large majority of medical men. While it is neither necessary nor desirable to enter into a detailed analysis of the volume in this place, yet I wish to say that the subject is treated in as unobjectionable manner as possible, and by one who is fully qualified to present it in its latest aspects in its relation to progressive medicine. The volume is entitled to a place in the library of every progressive physician.

G. W. McC.

ANOMALIES AND DISEASES OF THE EYE.—By Flavel B. Tiffany, A. M., M.D., author of "Anomalies of Refraction and of the Muscles of the Eye," "Sojourn Among the Oculists of Europe," Oculist's and Aurist's Record Books. Professor of Ophthalmology and Otology in the University Medical College of Kansas City, Mo.; Oculist and Aurist to the University Hospital; Oculist to the "Katy" R. R. Co. Member of the International Medical Congress, Pan-American Medical Association, American Medical Association, Mississippi Valley Medical Society, Missouri Valley Medical Society, Missouri State Medical Society, Kansas State Medical Society, Indian Territory Medical Society, etc., etc. Author's edition. 620 Pages. Price, Cloth. \$5.00. Hudson-Kimberly Publishing Co., Kansas City, Mo.

Notwithstanding the fact that a comparatively large number of new works upon ophthalmology have appeared within the last three or four years, there yet seems to be room for such a book as that just presented to the medical profession by Dr. Tiffany. Like most new books this one presents many things that are original with the author, as well as many things original with others, which mark a distinct advance in ophthalmology, but which until the publication of Dr. Tiffany's book have not appeared in text book form. Not everyone will agree with all the deductions of the author, but no one will dispute the fact that the book handles the principal subjects pertaining to ophthalmology in such a concise and intelligent manner as to bring them within the reach of the general practitioner and students of medicine, an object which the author very carefully notes in the preface. Aside from a record of some of the more recent advancements in the therapy of eye diseases, we find occasion to compliment the author upon the large number of beautiful illustrative plates in colors and black and white with which the book is adorned. Many of the more important diseases and conditions requiring operative or medicinal treatment are further elucidated by detailed reports of cases occurring in the 20 years' extensive practice of the author. An appendix and glossary of 500 words, a complete index, and the customary good work of the printer and bookbinder make the book worthy of a place among the standard text books for the student and general practitioner.

A. E. B.



JENNINGS. A MANUAL OF OPHTHALMOSCOPY.—For Students and General Practitioners. By J. E. Jennings, M. D. (Univ. of Penna.) Author of "Color-Vision and Color-Blindness," etc.; formerly Clinical Assistant, Royal London Ophthalmic Hospital, London; Member of the American Medical Assn., etc. With 95 Illustrations and 1 Colored Plate. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1902. Large 12 mo. Price, \$1.25 net.

This book has been prepared with the avowed intention of supplying the want for a manual of ophthalmoscopy, adequately illustrated, which will give in small compass, and at slight cost, information hertofore only to be obtained in expensive text books and atlases. It is not expected that the book will take the place, or even be compared to the large, comprehensive and expensive works of Loring, Gower, or Frost. As a manual of ophthalmoscopy for students and general practitioners, the author has succeeded in producing a book which compares very favorably with the more pretentious volumes, and one that should be possessed by every physician and student who professes to use the ophthalmoscope, even to the slightest extent, and who does not possess the larger and more complete books upon the subject. The book will aid the physician or student in obtaining practical knowledge of the ophthalmoscope and the diseased conditions at the back ground of the eye, which it reveals. The book describes the normal fundus, with its various congenital anomalies, and finally the changes which are found in diseases of the media, the choroid, retina, retinal vessels, and the optic nerve. The description of each disease is arranged compactly under the following sub-headings; Etiology, pathology, subjective symptoms, ophthalmoscopic appearances, diagnosis, prognosis and treatment. The illustrations, nearly all of which are in black and white, give typical pictures of the most immediate conditions met with in the ordinary run of practice.

Altogether the book is a very valuable addition to our already large list of works pertaining to the eye, with the added distinction of being the only small book of its kind published in either this country or Europe.

A. E. B.

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THE EYE, EAR NOSE AND THROAT YEAR BOOK.—The third volume of the Practical Medical Series of Year Books, comprising ten

volumes, on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustaves P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Postgraduate Medical School.

This volume, which is one of a series of ten issued at monthly intervals and covering the entire field of medicine and surgery, is devoted entirely to recent advancements in medicine and surgery of the eye, ear, nose and throat. It has been very carefully and ably edited by Dr. Casey A. Wood, who has charge of the pages devoted to a consideration of the eye; Albert H. Andrews, who has charge of the department devoted to the ear; and Dr. T. Melville Hardie, who has charge of the department devoted to the nose and throat. The aim has been to furnish in abstract an account of recent additions to our knowledge of medicine and surgery, in so far as related to the eye, ear, nose and throat. The work has been very satisfactorily performed, and in the 350 pages allotted to the book is found a resume of what may be termed "the late advances" in these special subjects. No attempt has been made to reproduce that which appears in every text book published prior to the year 1901, and the subject matter has been carefully edited with a view to eliminating that which can not be accepted as clearly authoritative. Editorial comment has been indulged in but rarely, the editors very wisely taking the view that the year book is not a text book.

The series should meet with a very flattering reception from the fact that medical practitioners can at small expense have the latest recognized advances in every department of medicine at hand for reference. In the special volume under consideration attention might be drawn to several particularly wellwritten chapters referring to new theories regarding the causation and treatment of diseased processes, but it is only necessary to add that all knowledge distinctively new in the fields under discussion is quite likely to be found within the pages of the book, and to that end the work serves its purpose and will meet with approval at the hands of all progressive practitioners.

A. E. B.



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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### BLOOD EXAMINATIONS AND THEIR CLINICAL VALUE.\*

BY B. W. RHAMY, M. D.

Laboratory and Clinical Assistant for Dr. G. W. McCaskey; Lecturer on Physiology in Fort Wayne College of Medicine.

Among the many valuable aids in diagnosis found in our laboratories today, none appeals to us so deeply as the examination of the blood. By it we can in some few diseases make an absolute diagnosis and prognosis, while in many obscure cases we either obtain some light, or at all events a negative report, which latter is sometimes of valuable importance. We can also in many instances note the results of treatment. There are, however, certain fundamental facts, without the knowledge of which, we cannot properly interpret the results of a blood examination, and even with these in mind we should interpret results in this as well as in all laboratory examinations only in the light of the fullest possible clinical evidence. While many contradictory results are due to inexperience in laboratory work, our best men are liable to make mistakes, and we should remember, not only, that it is not the fault of the microscope, but that sufficient data may not be given the path-

\*Read before the Allen County Medical Society, Fort Wayne, April 22, 1902.

ologist. For instance, a section which may represent histological structure in one part of the body, may be extremely pathological in another part, so that it is important to give the pathologist all the information possible regarding any specimen.

Among the most important conditions causing variation in the blood are: constitution and muscular development, sex, muscular exertion, ingestion of fluids, perspiration, cyanosis, cold, heat, massage, electricity, transfusion, purges, diaphoretics, vaso dilators, and increased arterial tension, polyuria, and most important the digestive and nervous systems. All blood examinations must take into account the time of last meal, for the well known digestive leucocytosis may utterly mislead.

The blood is the only tissue we can examine extensively during life, and if we consider the vast role it plays in the physiology of the organism with its complex structure which defies complete chemical analysis, we can easily recognize that disease of whatever kind is very liable to affect it in some manner. The blood not only serves to carry nourishment to the body and carry off waste products, but it will also carry toxines, bacteria, plasmodia, and improperly digested foods to wreak their destruction on the most susceptible cells of our organism.

This brings us to the most important part of our subject, the leucocytes whose province it is to combat destruction and disease, and for this purpose they are endowed with the property of motion, the amaeboïd movement by which they readily pass through tissues, and also surround and envelop bacteria which have entered the body, for which property they have been called by Metchinkoff phagocytes and the process phagocytosis. There are in health about 7,500 white cells per c. m. of blood to 5,000,000 per cells. These figures vary somewhat with the conditions I have already enumerated:—

There are several kinds of white cells:—

1. Neutrophile cells which include polynuclear neutrophils and myelocytes.

2. Basophile cells, the large and small lymphocytes.

3. Eosinophile leucocytes and eosinophile myelocytes.

In blood examinations notice is also taken of mast cells, which are large mononuclear or polynuclear cells with irregular outline and granular structure, and the so-called blood plates. A systematic examination of fresh blood consists of:



1. Microscopic examination of fresh blood.
2. Hemoglobin estimation.
3. Counting red cells and leucocytes.
4. Microscopic examination of stained slide.
5. Counting blood plates.
6. Relative volume of cells and plasma.
7. Estimation of alkalinity.
8. Rapidity of coagulation.
9. Spectroscopic examination.
10. Bacteriological examination.
11. Determination of serum reaction.

The first four are, however, the ordinary routine examination for clinical work, and with those I will speak of mostly.

The tip of the finger or lobe of the ear are the usual sites for puncture, the former being the easiest to manipulate. After cleaning with water a puncture is made which will allow the blood to flow freely. For examination of fresh slide, a clean coverglass is touched to tip of blood drop, allowed to fall on a clean slide and immediately examined. By this we see the Rolanex formation, degenerative changes in red cells and to some extent the number of white cells and any deficiency in hemoglobin. For the hemoglobin estimation there are several methods, among them Von Flesish's hemometer, Gower's hemoglobinometer, and the specific gravity method, which seems to be the most accurate.

Counting red and white cells is done with the Thoma-Zeiss counting slide and with the centrifuge naemacytometer. For stained preparations absolutely clean coverglasses are prepared. A coverglass is touched to the blood drop and placed on another. After the blood spreads evenly they are separated and allowed to dry. The process of fixing is accomplished either by heat or by dipping in a solution of ether and alcohol. Among the many stains, Ernlichs triacid probably is best when successful, but the double stain of Eosin and Hematoxylin is to be recommended for ordinary work on account of its simplicity, depth of stain, and clearness of outline. Of course when staining for bacteria or plasmodia, eosin and methylin blue solutions should be employed. After the stain is made, we then examine character of red cells for size and shape and for neuclei. The white cells are examined for pathological cells as myelocytes and differential count is made of the different varieties to find their proportions and whether one

variety is in great excess. Time will not permit entering very far into the pathology of the blood, and mention will only be made of some of the most important changes occurring in several important diseases. Leucocytosis is caused by hemorrhage inflammation, toxic conditions, malignant diseases and therapeutic and experimental influences. Of importance to the surgeon is the leucocytosis due to pus formations, many authorities claiming to tell the stage of the process by the leucocytosis.

Leucopenia or deficiency in white cells is caused by starvation, malnutrition, some infective diseases and pernicious anaemia.

Lymphocytosis occurs in pertussis, hereditary syphilis, during administration of thyroid extract, tuberculin, or pilocarpine, and in lymphatic leukaemia.

Eosinophilia occurs in infants, menstruation, bronchial asthma and fibrinous bronchitis, skin disease, helminthiasis, post febrile, malignant tumors, some medicines, myelogenous leukaemia.

Eosinophiles are diminished during digestion and muscular exertion, after castration, febrile stage, moribund states.

The myelocyte occurs mostly in myelogenous leukaemia, although a few have been noticed in conditions stimulating the bone marrow and in severe anaemia.

In primary anaemia the blood is pale and watery. The red cells are greatly diminished, ranging down to 1,000,000 the lowest record being 143,000. Red cells are somewhat large and deformed. We find some of the red cells containing nuclei, the large nucleated cells being called megoloblasts, the smaller ones normoblasts and microblasts. We may find a few myelocytes and some lymphocytosis.

The leading characteristics of leukaemic blood are as follows:

In myeloid leukaemia, red cells about 3,000,000, white cells 40,000 to 500,000. Of these myelocytes form about 30 per cent. In chronic lymphatic leukaemia, red cells about 3,000,000, white cells about 300,000, small lymphocytes form about 90 per cent. In acute lymphatic leukaemia the large lymphocytes predominate.

In Hodgkin's disease the blood is usually normal in early stages, but later considerable anaemia. In acute appendicitis leucocytosis ranges from 10,000 to 60,000 and a sudden rise in number occurs with increase of symptoms and is a sign of danger. In phthisis there is usually some leucocytosis, especially after hemorrhage.



Enough has been given to show the importance of blood examinations, and although there is yet a vast field for original investigation in this subject, enough is already known to warrant routine examinations in practically every case.

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## DIARRHOEA IN CHILDREN.\*

By E. E. MORGAN, M. D.,

Professor of Diseases of Children in the Fort Wayne College of Medicine,  
Fort Wayne, Indiana.

As the season during which children are most susceptible to the influences which cause diarrhoea is fast approaching, I have chosen this subject, hoping that perhaps some babe may receive better care during the hot months of the summer as a result of our discussion of this topic.

The term diarrhoea is used to designate all conditions causing frequent evacuations of the bowel, either from increased peristalsis, or increased secretions, or both. Young children are peculiarly prone to acquire diarrhoea during hot weather, July being the month in which by far the greatest number of cases occur. Probably the larger number of cases are found among the poor and in the cities, but it is not a disease of bad air, or filth, or of poverty, as is shown by the numerous cases among the wealthy and well-cared for, although anything which lowers the general vitality of the child will make it more susceptible to this as well as other diseases.

Diarrhoea is seldom, if ever, the direct result of dentition. That it occurs while some children are cutting their teeth, and ceases as soon as the teeth have pierced the gum, I am aware, but this is always in hot weather, and the nervous condition produced by the heat and pain of dentition together may account for the trouble. I have found in some cases that parents have not only considered diarrhoea as a consequence of dentition but that it was essential to it.

Improper food is by far the most frequent cause of diarrhoea and fatal cases rarely occur when the babe is fed on breast milk exclusively, and even mild attacks are not seen very often. Most of these cases occur in children between 6 and 18 months of age, when the misguided mother begins to feed her babe on solid food.

\* Read before the Allen County Medical Society, April 22, 1902.

Artificial feeding properly conducted seldom causes intestinal disturbances. Too often if cow's milk is used as a substitute for mother's milk the difference in composition is either not appreciated or is entirely ignored.

A common mistake, too, is overfeeding. Most artificially fed babies are overfed, the anxious mother being afraid her babe will go hungry, gives it the bottle every time it cries, when if she nursed it herself, perhaps she would not give it her time. These infants keep the stomach and intestines at work all the time, until they finally rebel and diarrhoea is the result, although the babe may have been vomiting at intervals for several days. Infants often vomit simply because they are filled to overflowing.

Perhaps the diarrhoea produced by foreign bodies in the intestine, or food which acts as a foreign body, is of most frequent occurrence in children between 6 months and 3 years of age. Such food is often partly cooked rice, or other cereals (as the numerous breakfast foods on the market, advertised as thoroughly cooked and easily assimilated) fruits, especially those which are coarse or contain seeds, green corn, radishes, cabbage and most other vegetables and unripe fruits of all kinds. The irritation caused by these articles produce increased peristalsis and also increased secretion, this simply being the effort of nature to rid the bowel of the offending material. An active cathartic is usually all that is necessary in these cases to assist Nature in its work, followed by an opiate to quiet excessive irritation. Sometimes, however, the cause is not so easily removed and an inflammatory condition results. For several days after such an attack the diet should be light, and one that leaves little to be excreted by the bowel, as broth, beef juice, white of egg, or milk. The patient should be kept quiet until the bowels become normal.

The treatment itself may be the means of prolonging or of causing a diarrhoea. Any of the ordinary cathartics may by either an exaggerated or prolonged action be the means of continuing the frequent liquid evacuations. Such cases are usually well controlled by small doses of opium taken after each passage.

Diarrhoea sometimes occurs from influences outside the body, as sudden chilling of the surface, or the intense heat of summer, or prolonged artificial heat, fright, or exhaustion, although it is more likely to be the cause than the result of the last named. It may also be a result of anaemia, chorea, or general mal-nutrition.



In many cases of diarrhoea, especially in older children and adults, the putting of food into the stomach excites peristaltic action of the bowel and causes an evacuation. The patient may say his food passes right through him, and, in fact, the stools do contain undigested food. Tonics, especially arsenic, will usually control this difficulty, but immediate results may be obtained by opium in small doses, care being taken not to cause constipation.

Besides those mentioned we may have a diarrhoea due to infection,—an auto-intoxication—as in cases of uraemia. Probably, too, the diarrhoeas of many acute infectious diseases belong to the same class and are simply the effort of Nature to rid the system of poisonous material. These cases should be watched closely, and the diarrhoea kept enough under control so that it will not prove much of a drain on the patient's system, but should not be stopped, as by so doing the poison would be locked up in the body.

There are many cases of diarrhoea which come on suddenly with a rise of temperature to 101 to 105 degrees in infants, which in the first couple of days cannot be told from cholera infantum, and yet there is no inflammatory lesion as in the latter disease. The cause is simply an acute indigestion and the temperature usually subsides in 12 to 24 hours to nearly normal. The prostration in these cases is not to such a degree as in cholera infantum, and the recovery much more rapid. These cases seldom prove fatal if the patient is in good health before the attack, but the worst feature of the disease is that it predisposes to more serious trouble in the intestinal canal. In these cases the treatment is practically the same as those just mentioned. The bowel should be emptied thoroughly, and I prefer calomel for this purpose in 1-8 to 1-4 grain doses every hour until the desired result is obtained. The action of the cathartic may be assisted by washing out the bowel with plain warm water, or, if the passages are very acid and irritating bicarbonate of soda may be added or weak lime water used. A high injection is easily given by using a soft rubber catheter attached to a fountain syringe.

These little patients are exceedingly thirsty on account of the fever, and the great amount of fluid drawn from the system. All food should be withheld for 18 to 24 hours, giving only whey, albumen water, mineral water, or cold-boiled water in small quantities at a time but frequently repeated. Some stimulants may be needed, and if so brandy is, perhaps, the best, it having a tendency

to check the diarrhoea. After the bowel is cleared of the offending material the opiates may be used to control the peristalsis, gr. 1-4, Dover's powder to child one year old after each movement being usually sufficient.

Probably the most difficult problem we have to contend with is the feeding of these children after the first 24 hours. Nursing infants can be put to the breast for five minutes at a time, allowing 4 to 6 hours to elapse between feedings. In older children, or those artificially fed, cow's milk should be withheld two or three days and then given greatly diluted, with the addition of milk sugar in the proportion of one tablespoonful to each eight ounces of food for a child six months old. If the child is old enough to eat solid food the diet may consist of milk, eggs, broth and meat, with dry bread, forbidding all fruits, vegetables and cereals.

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## SOME CLINICAL OBSERVATIONS ON THE USES OF CHLORETONE.

By L. A. E. STORCH, M. D.,  
Indianapolis, Indiana.

Of the many recent and useful synthetic products which have been added to our materia medica, chloretone is deserving of especial mention. The safety with which it can be administered; the notable absence of a tendency to the establishment of a tolerance for the drug; its wide range of application, and uniformly good effects, are features which should place it in the front rank, wherever its use is indicated.

Chloretone is a beautiful, white, crystalline compound, having a camphoraceous taste and odor. It is sparingly soluble in water, but when administered by the mouth, is readily taken up into the circulation. It produces all degrees of hypnosis, even to complete anaesthesia, the effect depending upon the amount given. Unlike most other hypnotics, it does not depress the vital centres in the medulla, its principal action being upon the cortical cells of the brain. Besides its central action it possesses, to quite a degree a local anaesthetic property, resembling in many respects that of cocaine, but being absolutely harmless. Owing to its slight solubility in water, it is questionable if chloretone will ever supplant cocaine. In cases where cocaine is contraindicated, chloretone may well be used instead, with the assurance of safety, even though its



action be somewhat less pronounced. Its many other and more useful effects, however, assure it, I believe, a permanent place in our medical armamentarium.

The most notable feature, and the one especially impressing the writer, is the powerful and perfect antiseptic property of chlor-etone which has been given a thorough trial—as detailed in case four below. As to its therapeutic actions, chlore-tone occupies a unique position in the field of drugs—being equally well adapted for either internal or local use, as may be indicated. During my brief experience with the drug, I have used it quite frequently, but I shall detail only a few cases, covering a variety of conditions for which its use was indicated.

Case One. During the latter part of August, 1901, the writer sustained an injury, while riding a bicycle, which resulted some three weeks later in a suppurative inflammation of the prostate with a very aggravated attack of cystitis. Rest in bed with the internal administration of uratropin and very copious quantities of distilled water alleviated, to a degree, the intense pain and ten-esmus. At times, however, the suffering became excruciating—almost unbearable. It yielded in only a very slight measure to the use of heat, dry-cupping and the hypodermic administration of morphine. To sleep was almost impossible; rest was obtained only from sheer exhaustion, and then only in a very unsatisfactory manner, lasting but a few minutes at a time. Chlore-tone was then resorted to with the most charming results. Ten grains speedily produced a marked and irresistible sensation of somnolency, which was soon followed by profound and refreshing sleep which continued well into the next day, lasting in all from ten to twelve hours. The sleep was calm, natural and entirely free from unpleasant dreams. None of the terminal depressing effects or mental exhilaration of the opiates was experienced. During but one night immediately preceeding the evacuation of the abcess, was more than ten grains required. Upon that occasion twenty grains gave complete relief—acting both as an analgesic and hypnotic to a degree not experienced from either opiates or chloral.

Case Two. L. B., 29 years old, having a phthisical family history traveled extensively through the west during the past summer, hoping to be benefited in health. He manifested some cough, a gradual loss of flesh and appetite, hectic and night sweats, and a general train of symptoms which would suggest that tuberculosis

had already developed. Instead of the expected improvement, all of his symptoms were suddenly aggravated owing to exposure in the cold and dampness of Oregon and British Columbia. The cough was most distressing, especially at night, when it was almost continuous. An acute pleuritis here intervened and I almost despaired at the rapid decline in the man's health.

In addition to a rigid general treatment, ten grains of chloretone was administered each night. The cough and pain ceased almost immediately and the patient, instead of being compelled to sit up every two to five minutes to cough, slept from four to six hours at a time without coughing. He has made a rapid improvement and is almost restored to his normal condition of health. Chloretone was continued for only about two weeks. No tolerance for the drug was established and no untoward effects followed its withdrawal.

Case Three. W. O., 71 years of age, was taken with a chill followed by a severe broncho-pneumonia. The case ran the usual course and the patient was convalescent after two weeks. The only feature worthy of note was the promptness with which chloretone secured for him sleep and alleviation of the cough and pain. No depressing effect upon the heart, whatever, was observed; but, on the contrary, the marked physical rest aided his recuperation in a great measure. Before its use he was extremely restless and the cough was rapidly exhausting him.

Case Four. J. M., employed in a paper-box factory, was severely burned on the right hand while working at a heavy steam roller press. Her hand stopped the machinery and several minutes elapsed before help arrived to extricate it. The burn was very deep, covering the whole dorsal surface, and three fingers being involved. The suffering was intense. I was immediately called and arrived some fifteen minutes later. I found the skin completely cooked; soon it began to separate, exposing the extensor tendons. I applied chloretone mixed with boric acid and covered the wound with gauze thoroughly anointed with sterile vaselin; the pain ceased immediately. The patient never afterward suffered the slightest pain, not even discomfort and she never lost an hour's rest or a meal. The dressing was changed once a day, for two weeks. The third day the entire piece of skin, covering the area of the burn, separated, leaving a raw, granulating surface which bled freely. Not the faintest odor ever de-



veloped and no pus or evidence of decomposition was at any time perceptible. The mass of skin was dropped into pure fresh peroxide of hydrogen and not a trace of reaction took place, showing the entire absence of pus. On the 14th day, ten square inches of skin were grafted from her father's arm, using Tiersch's method. The only preparation made was the cleansing of the granulations with normal sterile salt solution, and the envelopment for twenty-four hours of her father's arm in a 1 to 500 solution of bichloride of mercury and cleaning with the salt solution. Five days later the dressing, which consisted of dry gutta-percha tissue, gauze and cotton, was removed when it was found that every particle of the skin had adhered. The dressing was then repeated daily and at this report, four weeks after grafting, almost the whole area is left uncovered and is fast assuming the natural color, motion and sensation. Only a small "island" which was not grafted—as it was deemed unnecessary at the time—is unhealed.

The absence of pain, odor, decomposition, and danger of septic infection; the splendid granulations induced by its use; and the promptness with which the grafts grew, resulting in a minimum of scar and deformity, all make chlore-tone more than desirable as compared with any other antiseptic topical dusting-powder ever brought to my attention.

Case Five. A. H., had the middle finger of his left hand caught in a planer and severed completely, as if done with a butcher's cleaver, through the base of the nail, removing about half of the ungual phalanx. The bone was exposed and no available tissue was left to cover it. There were two courses to pursue and these were presented to the patient for his decision. Any other course than amputation through the joint seemed utterly unfeasible; however, the choice of a very slow and unsatisfactory healing with probable amputation to follow later, was decided upon. The bleeding was very free and the pain intense. After the first day the dressings were changed but once in three or four days. These consisted of chlore-tone and boric acid, applied with sterile oil to keep the powder from sticking to the wound and causing fresh bleeding whenever removed. Healing was rapid, and in four weeks the surface was completely granulated over, and the patient had returned to work.

The writer has seen quite a number of such cases, having for several years treated patients injured in just such a way, except

that in each instance the injury was invariably made with a sharp die used in cutting tops for tin cans. In no instance was the result so satisfactory or the pain so little as in the case under consideration, which was treated with chloreton, topically applied.

## CHRISTIAN SCIENCE—SOME QUOTATIONS FROM MRS. EDDY.

By H. V. SWERINGEN, A. M., M. D.,

Professor of Materia Medica and Therapeutics in Fort Wayne College of Medicine.

### QUOTATION I.

In reply to the question: "How can I believe there is no such thing as matter when I weigh over two hundred pounds and daily carry about this weight?"

Mrs. Eddy answered: "By learning that matter is but manifested mortal mind. You entertain an adipose belief of your sense as substance; whereas substance means more than matter, it is the glory and pre-eminence of spirit. Have you never been so preoccupied in thought while moving your body, that you did this without consciousness of its weight?"

How exquisitely elucidated! If there is one thing I like better than another, it is the clear cut explanation of metaphysical perplexities. Now, in the above quotation, it appears that the man who asked the question, entertained a fatty belief (adipose) of his sense as substance. If his belief had not been so fat, a little leaner, or somewhat on the order of bacon, with a streak of lean running through it, he would not be constantly reminded of his great weight. There is nothing more exasperating than fatty degeneration of belief.

### QUOTATION II.

"Electricity is not a fluid, but an element of mortal mind—the thought essence that forms the link between what is termed matter and mortal mind. The grosser substratum is named matter, the more ethical is called human mind, which is the nearer counterfeit of the immortal mind—and hence the more accountable and sinful belief."

How wonderful is metaphysics! Like a weather-vane, it turns every way the wind blows. You see, electricity is an element of that which has no existence; i, e, mortal mind, or the thought essence that forms the link between what is termed matter and mortal mind.



neither of which has any existence *per se*. The human or mortal mind which has no existence is, however, accountable and sinful and the nearer counterfeit of the immortal mind. Nothing could possibly be plainer.

#### QUOTATION III.

"What appears to the senses as death is but a mortal illusion, instead of being matter in the death-process. Men say the body is dead; but this death was the departure of mortal illusion, not of matter."

This may seem a little obscure to the uninitiated reader, but it will become perfectly plain to him the minute he understands it. That minute may be some distance ahead in the future, but when it comes it will be here. If he can simply get fixed in his mind the dictum that there is no matter, the above quotation will be as clear as mud.

#### QUOTATION IV.

"Erring mortal views named mind produce all the organic and animal action of the mortal body. \* \* \* It is not enough to say that matter is the substratum of evil, and that its highest attenuation is mortal mind; for there is strictly speaking no mortal mind. Mind is immortal. \* \* \* Death is the consequent of an antecedent false assumption of the realness of something material and mortal."

This means that, for instance, one's erroneous views on politics keeps his liver in action; one's erroneous views on religion, keep his bowels a moving; one's erroneous views on love, keep his heart a going, etc.

Matter when long drawn out or highly attenuated becomes that which strictly speaking, is not, viz. "Mortal mind." Death is the result of the non-existence of the material and mortal. But the reader will clearly understand this without any further exemplification.

#### QUOTATION V.

"To quench the glowing flames of falsehood, once in about seven years, I have to repeat this—that I use no drugs whatever, not even coffee, tea or red pepper; though every day, and especially at dinner, I indulge in homoeopathic doses of common salt."

You see, the body, according to modern physiology and pathology, changes entirely once in seven years, and it therefore becomes

necessary for Mrs. Eddy to reassert with the same regularity, that she makes no use of drugs, not even of coffee, tea, or red pepper, notwithstanding the non-existence of those articles, because "matter is naught." It is a little strange that Mother Eddy will indulge in common salt even in homoeopathic quantities, inasmuch as in Jahr's Manual of Homoeopathic Medicine, of the edition of 1838, four and a half pages are devoted to the medicinal effects of common salt. Its mental effects are described as follows: "Melancholic sadness, with searching for many unpleasant things, much weeping, and increased by consolation—sorrowfulness about futurity—anxiousness also during a thunderstorm, chiefly at night—indolence, aversion to talk, joylessness, and disinclination to labor—hasty impatience and irritability—easily frightened—hate of former offenders—fratfulness and disposition to angry violence—inclination to laugh—alternation of frefulness and hilarity—great weakness of memory and forgetfulness—thoughtlessness and mental dissipation—misusing words in speaking and writing—inability to reflect, and fatigue from mental exertion—awkwardness." These are the homoeopathic effects in homoeopathic doses of common salt, which, if correct, will account for some of the idiosyncrasies and eccentricities of Mother Eddy and her incomprehensible metaphysics. I would seriously advise Mrs. Eddy not to eat any more salt even in homoeopathic doses. It will ruin her mental and physical constitution.

#### QUOTATION VI.

"The five physical senses are avenues of mortal mind. What, then, is the material personality which we call I? It is the embodiment of sin, sickness, and death. Spirit is God, soul; and soul or spirit is not in man; else man would be identical with God. In reality, man has no other mind than God, it is only a delusion that he seems to have another mind."

I will try to make this plainer to the reader. You see, the five physical senses, with equiponderating concatenation, excomflopper-gates upon the heterogeneous animosity of non-existent mortal mind, and seriously animadvertes upon the reverberating momentum of enthusiastic material personality, in such a manner as to occasion an irrepressible conflict between mortal and immortal mind.

#### QUOTATION VII.

"I demonstrated this as the leading factor in mind-science—that mind is all and matter naught. \* \* \* Matter seemeth



to be, but is not. \* \* \* What is termed matter is but a manifestation of mortal mind \* \* \* Christian Science eschews what is termed natural science."

This is plain enough to be understood without comment. There is no such thing as matter. All is mind. What appears to be a brick wall when you lean up against it, is but the manifestation of the mind of the bricklayer who made it. But the wall, after all, is not there. You only think so. You are deluded. This is the way Christian Science eschews natural science;—chews it all up and spits it out with a countenance expressive of the supremest disgust.

#### QUOTATION VII.

"Christian missionaries do not preach the gospel properly in India where hundreds are dying annually of the bite of serpents."

Yes, a few years ago, three thousand persons died in India in one year from cobra and other snake bites and among them was a "Christian Scientist" gentleman, on the Malabar coast. His "Christian Science" for some reason or other, did not save him. It is probably because he did not employ a sufficiently high attenuation of truth or had indulged too freely in common salt. It is unfortunate that he died by the method of treatment he sought to introduce among the natives, but when those Christian missionaries in India are displaced by an equal number of "Christian Science" missionaries who understand this science, we may expect better results. Selah.

#### QUOTATION IX.

"It is a moral wrong to examine the body in order to ascertain if we are in health, and what are our life prospects. To do this is to take the government of man out of the hands of God."

This is to say that in case you have any physical disability or pain such as is caused by the passage of a gallstone or a urinary calculus or a pneumonia or an oedema of the lungs or a tapeworm, it is morally wrong to find out the cause and character of the distress thus respectively produced; morally wrong to make a diagnosis. It cuts no possible figure anyhow, what the diagnosis may be, for the treatment of Christian Science is the same in all cases. Its prayers will kill a rhinoceros as easily as they will kill and expel a tapeworm. Life insurance companies will, no doubt, take note of this dictum and thus save thousands of dollars in examinations of applicants.

## QUOTATION X.

"Until time matures, human growth and progeny will continue unprohibited in Christian Science, but we look to future generations for ability to comply with absolute science when marriage shall be found to be man's oneness with God, the unity of eternal love. \*

\* \* To abolish marriage at this period and maintain morality and generation, would put ingenuity to ludicrous shifts; yet this is possible in science, although it is to-day problematic. The time cometh and now is for spiritual and eternal existence to be recognized and understood in science. All is mind. Human procreation, birth, life and death, are subjective states of human erring mind. They are the phenomena of mortality, nothingness, and illustrate mortal mind and body as one and neither real nor eternal."

Now, what does the reader think of that? Is it not profound? Until time becomes of age or reaches maturity and is self-supporting, Christian Science will indulgently and considerately allow children to be born the same old way, and to grow in like manner as they have grown for the past millions of years. After time attains to his majority, has raised a beard and wears a tuxedo, then man will marry his Heavenly Father. But to abolish weddings at the present time, whether fashionable or less "swell" and maintain morality and such a per cent. of births as will comport with the command to "increase, multiply and replenish the earth," would, in Mother Eddy's opinion, most ludicrously tax even the ingenuity and metaphysics of Christian Science. If, however, the size of the distinctively Yankee or American family of to-day, (which consists as a rule, of the husband, wife, a pug dog and a syringe), as compared to the American family of a few generations ago, is properly considered, "ingenuity" has already become equal to the occasion and rendered 'respectable' such "ludicrous shifts." The idea will hardly occur to the uninitiated that this condition of the Yankee family is one of the evidences of the truth and evolution of Christian Science.

## QUOTATION XI.

"What I wrote had a strange coincidence or relationship with the light of revelation and solar light. I could not write those notes *after sunset*; all thoughts in the line of scriptural interpretation would leave me until the rising of the sun; then the influx of divine interpretation would pour in upon my spiritual sense as gloriously as the sunlight on the material senses. It was not myself but the



divine power of truth and love, infinitely above me, which dictated science and health with key to the scriptures."

How beautiful! How grand! How thrillingly illuminated Mrs. Eddy must have been while writing her book. Solar light is at times dazzling, too bright and powerful for an ordinary mortal to bear with composure. But think of solar light and the light of Revelation together in one great beam permeating the inner chambers of Mrs. Eddy's immortal mind! What a powerful combination of light! The strongest flood of electric light is double distilled quintessence of insignificance compared to it. No one but Mrs. Eddy could have withstood such an influx of celestial illumination. I have heard of people being unable to see after 4 p. m., but I never knew of any person whose mental vision went down with the sun. It is simply marvelous! Nothing but the divine power of truth and love could have produced such a phenomenon.

#### QUOTATION XII.

"Petitioning a personal deity is a misapprehension of the source and means of all good and blessedness."

"Prayer to a person affects the sick as a drug that has no efficacy of its own, but borrows its power from faith and belief in matter."

This means that, contrary to ordinary Christian teaching, God is not the source and means of all good and blessedness, and that a prayer to Him in behalf of the sick has no more healing qualities than is contained in a drug the power of which is dependent upon the faith and belief of the patient in its efficacy. In other words, the drug may possess no virtues whatever, but the belief that it does, in the mind of the patient, renders it effectual. Well, it is an established truth among regular physicians, that confidence in the doctor and in his remedies is of itself a potent stimulant and tonic, whether misplaced or not.

#### QUOTATION XIII.

"I have always advised my pupils not to read works in advocacy of a materialistic treatment of disease, because they becloud the science of metaphysical healing."

The foregoing is the least metaphysical of all the quotations thus far presented, and should be readily understood by the general reader as well if not better than by her pupils. The point she desires to make is that inasmuch as her science of metaphysical healing

is as the noon-day sun, there are certain clouds of materialistic treatment of disease that are liable to obscure it. Such physical obscurations it is important her pupils should not study but avoid. In other words Christian Science will not admit of investigation by any other science, ordinary or extraordinary. The X-rays of natural science are not to be directed upon so-called "Christian Science."

#### QUOTATION XIV.

"In its literal expression, my system of Christian metaphysics is hampered by material terms which must be used to indicate thoughts that are to be understood metaphysically."

In other words, neither the English nor any other language is capable of furnishing words, terms or phrases, sufficiently expressive of her grand metaphysical ideas, so that they can be readily understood. It is extremely unfortunate that with the discovery of her science she did not also discover a phraseology in which to make it plainly understood by everybody. Scientific discoveries as a rule, are very *simple* and *natural* and in their every-day, practical application, easily understood by the masses; but the Mrs Eddy discovery is an exception to this general rule, because it is so profoundly metaphysical, and christianly scientific. Only God, its author, and Mrs. Eddy, His scribe, can be supposed to understand it perfectly. To the question: 'Who by searching can find out God?' There can be but one answer, viz: Mrs. Eddy. It will be seen then how great are her difficulties in making even such men as Emerson comprehend her science.

#### QUOTATION XV.

"Emerson's ethics are models of their kind; but even that good man and genial philosopher partially lost his mental faculties before his death, showing that he did not understand the science of mind healing as elaborated in my Science and Health, nor did he pretend to do so."

The above plainly explains itself. You see, great as Emerson was as a philosopher, he did not understand Mrs. Eddy's science of mind even when before his death his mental faculties were in a condition best adapted for its full and complete comprehension. As Mother Eddy says, he never pretended to understand her science. Who, apart from Mrs. Eddy does pretend to understand it? May it not be a question if even Mother Eddy herself understands it? Mr. Emerson was certainly not alone in his inability to see any point



in it. Hence, these explanatory comments I am trying to make for the reader.

#### QUOTATION XVI.

"I should blush to write of 'Science and Health with Key to the Scriptures' as I have, were it of human origin, and I, apart from God, its author. But, as I was only a scribe echoing the harmonies of heaven in metaphysics, I cannot be super-modest in my estimate of the Christian Science text-book'."

Now, the above statement of Mother Eddy is especially unique, metaphysically modest, and timely. Had she neglected to make it, we never would have for an instant credited the authorship of her book to God Almighty. Her modesty does indeed bespeak her merit. Had she not given due credit to the Divine author of her book, she would be guilty of echoing the discords instead of the "harmonies of heaven," for He who occupies the throne thereof, has proclaimed Himself a "Jealous God." The authorship of her book has for some time been accredited to Dr. Quimby. We now know that it emanated neither from Dr. Quimby nor Mrs. Eddy, but from Almighty God. Mrs. Eddy claims only to have been God's scribe, type-writer, secretary amanuensis. 'Tis well this question is at last settled.

#### QUOTATION XVII.

"We weep because others weep, we yawn because they yawn, and we have small-pox because others have it; but mortal mind, *not matter*, contains and carries the infection."

This quotation contains the profoundest wisdom, as the reader will readily perceive. What could be more wonderful than the doctrine that the infection of weeping, yawning and small-pox is all derived from the same source,—the mortal mind? There is certainly nothing more amazing unless it be the assertion that the remedy of Christian Science directed to the "mortal mind," cures the small-pox. It would be interesting to know how it does it. Perhaps Mother Eddy will explain later.

#### QUOTATION XVIII.

"You say a boil is painful; but that is impossible, for matter without mind is not painful. The boil simply manifests your belief in pain, through inflammation and swelling; and you call this belief a boil. Now administer mentally to your patient a high attestation of truth on this subject, and it will soon cure the boil. The

fact that pain cannot exist where there is no mortal mind to feel it, is proof that this so-called mind makes its own pain; that is. its own belief in pain."

Now, any one that has ever had a boil or a decayed tooth with an exposed nerve, or a cholera morbus, or a colic, will certainly agree with Mother Eddy that there is no pain connected with either condition. That "they all simply manifest our belief in their being painful," while in reality "pain is impossible, for matter without mind is not painful," even if connected with the great central organ by which mind is expressed. The inflammation, swelling, heat, throbbing, etc., of a boil are simply the manifestations of our belief in pain; our mere belief in this pain we call a boil, etc. All we have to do is to administer mentally to our patients a high attenuation of truth—truth long or high drawn out, I presume—and we cure our cases.

I trust I have made the above quotation understandable to the reader if it be not to myself. A first-class metaphysician is one who does not know what he is talking or writing about and this is the reason why I have undertaken to elucidate some of the written statements of that queen of metaphysicians, Mrs. Mary Glover Patterson Baker Eddy.

#### QUOTATION XIX.

"Leibnitz, Descartes, Fichte, Hegel, Spinoza, Bishop Berkeley, were once clothed with a "brief authority;" but Berkeley ended his literary career with a treatise on the healing properties of tar water, and Hegel was an inveterate snuff-taker. The circumlocution and cold categories of Kant never improved the conditions of mortals, morally, spiritually or physically. Such mis-called metaphysical systems are reeds shaken with the wind. Compared with the inspired wisdom and infinite meaning of the word of truth (Science of Health), they are as moonbeams to the sun, or as Stygian night to the kindling dawn."

Now, that is simply sublime! How grandly eloquent and profoundly scientific is this quotation! In the slang phrase of the day, it not only "takes the cake," but the entire bakery. The point desired to be made so beautifully in the foregoing quotation is that Mrs. Eddy has discovered something better than "tar-water" for the ills of the human race. In other words, Christian Science just "knocks the tar" out of every other science extant. Medicines, theology, philoso-



phy, physiology and every other "ology" are simply "not in it" with Christian Science. Compared with Mrs. Eddy's "inspired wisdom," as contained in her "Science and Health," all other so-called metaphysical systems "shine and stink, and stink and shine, like a rotten mackerel by moonlight."

There's nothing true but Eddyism. Just think of it! Christian Science prayers, in order to cure the itch, must kill the little animals or insects, (*acarus scabiei*) that cause the disease by getting on and under the skin and rapidly increasing in number. Now; logically, if Christian Science prayers can kill those little, microscopical animals, they can also kill elephants. Is it not amazing, the power and potency of Christian Science? Is it possible that Mrs. Eddy can ever end her "literary career?"

#### QUOTATION XX.

"This woman learned that food neither strengthens nor weakens the body, that mind alone does. \* \* \* The truth is, food does not affect the life of man. \* \* \* It would be foolish to venture beyond our present understanding,—foolish to stop eating until we gain more goodness, and a clearer apprehension of the living God."

This quotation ought to be sufficiently self-explanatory. Mrs. Eddy merely desires to assure her followers that they need not stop eating until they become more angelic and know more of God. As a safe proposition, this ought to be acceptable to all Christian Scientists. Under its provision there can be no danger of starvation even if her dictum that "food neither strengthens nor weakens the body" is endorsed.

#### QUOTATION XXI.

"The condition of the stomach, bowels, food and clothing, and so forth, is of no serious moment to your child. Your views regarding them will produce the only result they can have on the health of your child. The daily ablution of an infant is not more natural or necessary than to take a fresh fish out of water and cover it with dirt once a day, that it may thrive better in its natural element."

Isn't this a 'dandy?' to use a slang, but very expressive phrase? Mothers and nurses ought to be able to understand it without any explanation. It certainly abridges to a marked degree the labor of the nursery and renders unnecessary the use of soap and water therein. When the infant's breech-cloth gets very heavily laden,

all that will be necessary to do will be to take it off, shake it, and re-apply it. The other extremity is in need of no greater attention for the promotion of Christian Science health. Is it not astonishing what a revolution Christian Science is working?

### QUOTATION XXII.

"Exercise cannot possibly enlarge muscles. Because the muscles of the blacksmith's arm are strongly developed, it does not follow that exercise did it, or that an arm less used must be less fragile.

\* \* \* The trip hammer is not increased in size by exercise; why not, since muscles are as material as wood and iron."

Now, to the ordinary reader, this may appear a little illogical and need some elucidation. The point is that if the trip hammer could be increased in size by exercise, the increase in size of the blacksmith's arm might be due to the same cause. Trainers of prize-fighters should take note of this argument and govern themselves accordingly. It may be asked, why the exercise the "material wood" in the sapling receives from the wind and storm is no factor in its ability to wax into the giant oak of the forest, but the above quotation from Mother Eddy is intended to settle all such questions. The "knock down" character of her arguments is amazing!

### QUOTATION XXIII.

"Bathing and rubbing to clear the secretions or remove unhealthy exhalations from the cuticle, receive a useful rebuke from Christian healing."

Isn't this a "daisy?" It may seem a little strange to the reader who has been taught that "cleanliness is next to Godliness," but a little reflection will convince him that such instruction is wrong,—all wrong. That peculiar odor which is noticed in perspiration and which is due to the elimination through the cuticle or skin of urates and uric acid as the debris or ashes of metabolism or of functional, life processes, and which is strong enough at times to "drive a dog out of a tan yard," is sweet incense to the nostrils of Christian Scientists, because of its metaphysical importance in their method of curing diseased conditions which only exist in "mortal mind" which, in turn, has no existence.

### QUOTATION XXIV.

"Had wisdom characterized all the sayings of Jesus, He would



not have prophesied His own death, and thereby hastened or caused it."

You see, it is this way: Had Mother Eddy been born a few years B. C., or a few years A. D., Jesus Christ would have had the benefit of her great discovery, provided, of course, that she had made it at that time. Mrs. Eddy would have wisely advised Jesus Christ not to announce by parable or prophesy or otherwise, his approaching death. What a pity Mrs. Eddy was not there to impart her great wisdom to Jesus!

Thus endeth Sweringen's commentaries on the Eddy Bible. In conclusion, and in opposition to Eddyism, I will quote from the old Bible (that which was written more than two thousand years ago), the following:

"The Lord hath created medicines out of the earth; and he that is wise will not abhor them. My son, in thy sickness be not negligent; but pray unto the Lord, and He will make thee whole. Leave off from sin, and order thy hands aright, and cleanse thy heart from all wickedness. Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success. For they shall also pray unto the Lord, that He would prosper that which they give for ease and to prolong life."

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## *NEWS NOTES AND COMMENTS*

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LENGTHENS ITS COURSE.—The Fort Wayne College of Medicine will in the future have a seven months course instead of six as in the past.

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DR. RAVOLD FOUND GUILTY.—Dr. Amond Ravold, of St. Louis has been found guilty of gross negligence by the investigating committee and his dismissal recommended. The board further recommends that the city of St. Louis do not hereafter manufacture diphtheria antoxin.

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ILLUSTRATED PICTURES.—Messrs. Battle & Co. have recently issued the 7th of the series of colored pictures, illustrating the

more common bone fractures. The one just from press presents a very satisfactory reproduction in color of a picture of the middle third of the clavicle.

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NEW JERSEY MOSQUITO BILL PASSED.—The New Jersey assembly, after a long and humorous debate, has passed the mosquito exterminating bill by a vote of 48 to 9. The bill appropriates \$10,000 to the state experiment station for the purpose of making a scientific investigation of the habits, origin and breeding places of the mosquito and their relation to malarial and other diseases. The money is to be expended by the state entomologist.

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PERSONALS.—Dr. A. P. Buchman, Fort Wayne, is upon the program of the American Proctologic Society, which meets at Saratoga Springs, June 10, for a paper upon "Dietary Regulation in the Treatment of Rectal Diseases." Dr. Buchman, and Dr. George J. Cook, of Indianapolis, are the only Indiana members of this Society. Dr. Cook, is vice president, and is also on the program for a paper.

Dr. G. W. H. Kemper, of Muncie, recently infected while performing an operation, has appealed to the courts for a settlement of his claim against an accident insurance company for indemnity, his policy in force at the time of the operation containing a "septic poisoning clause" under which the indemnity is claimed.

Dr. F. C. Heath, Indianapolis, has been made professor of ophthalmology in the Central College of Physicians and Surgeons of Indianapolis.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,

47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.,

107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### THE COMING MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The next meeting of the A. M. A. which will be held in Saratoga, N Y, June 10-13, gives every promise of being the best meeting ever held by this the best medical society on earth. We know this sounds rather loud, but we believe it to be the truth and are moved to say it to the end that every practitioner of medicine in this country may be awakened to the fact that he can not afford to miss so good a thing. It is no exaggeration to say that any doctor can gain more by attending the four-day meetings of this association than he can by attending any four-day post graduate course. He

who attends these meetings is not only brought face to face with many professional facts which are new to him, but above and beyond all this an attendance upon these meetings acts as a wonderful stimulant which impels him who attends to further, stronger, and better effort along the line of professional advancement.

M. F. P.

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### SAMPLE MEDICINES THROWN IN DOOR YARDS.

The editor of the *Medical and Surgical Monitor*, April, 1902, enters a plea for laws or ordinances to prevent the practice of throwing sample medicines on the porches or in the door yards of residences. We heartily approve the stand taken and believe that steps should be taken to prevent this annoying if not dangerous practice as carried on by patent medicine venders. As has been very clearly stated, "danger must surely lurk in the path of the patent medicine peddler, and in many instances serious consequences have resulted from the use of sample packages of medicine indiscriminately scattered upon front porches and in front yards. Many of the sample packages are small bottles of cough syrup that contain opium or chloroform, boxes containing headache powders consisting mainly of acetanilid, and other dangerous drugs. Quite frequently one-third of the package would cause dangerous symptoms and perhaps a fatal outcome. Adults may use their better judgment but children are unable to recognize the danger. While it is true that the statute books may be weighed down with useless laws, some of which will never be resurrected, yet if a city ordinance authorizes the arrest of a man who throws a handbill upon the street, why not offer some protection against the fiend who hurls the dangerous packages of patent medicine among the groups of prattling little children playing upon the doorsteps of our residences."

A. E. B.

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### HOSPITAL FOR INDIGENT CRIPPLED AND DEFORMED CHILDREN.

We have just received the first report of the New York State Hospital for the Care of Crippled and Deformed Children. The hospital is located on the banks of the Hudson at Tarrytown, N. Y., and has been established through the influence of the National



Conference of Charities and Correction, and the assistance of the State of New York by an appropriation of \$15,000 given for the purpose of equipping the hospital and for the first year's maintenance. During the first ten months of the existence of the hospital, 25 patients, or all that the hospital accommodated, came under treatment. Of these hip-joint disease forms the largest number, the balance being cases of spinal disease, knee-joint disease, infantile paralysis, club-foot, etc.

In each instance much benefit was received by these patients, and the difference in the improvement as compared with the improvement secured by patients similarly affected when treated in the city, is very marked, which conclusively shows the advantage of having such a hospital as this located in the country. It is confidently expected that the good work of the institution will be duly recognized by the State Legislature and an ample appropriation provided for the purchase of 50 or more acres of ground upon which will be erected commodious and fully equipped buildings, capable of maintaining and caring for at least 500 patients of this class. The work accomplished at Tarrytown is certainly creditable, and should encourage other States to adopt similar plans for the relief of their crippled and deformed children.

A. E. B.

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### MUNICIPAL AUTHORITIES WANT TO IGNORE BUBONIC PLAGUE IN SAN FRANCISCO.

The following editorial in *American Medicine* represents the average city official's conception and method of conducting affairs concerning public health:

"The San Francisco papers of March 26 make the astounding announcement that four medical members of the Board of Health have been summarily removed because in faithful pursuance of their duties to the community at large they have, first, persisted in reporting the existence of bubonic plague in San Francisco, second, that they "have put the city to great and unnecessary expense in quarantining Chinatown," third, for their "blameworthy conduct" in making hurried disposition of the bodies in suspected plague cases. Mayor Schmitz constitutes himself an authority on the detection of infectious disease and evidently proposes to suppress all reports at variance with the results of his personal investigation.

He is apparently oblivious of the fact that information as to the existence of so dread a disease as bubonic plague in any given locality is of such vital importance to the Nation as to offset any temporary financial loss to an infected municipality. That the plague has existed in California has been proved and made public by eminent and reliable medical experts other than those who have been removed, and means will undoubtedly be found through the state or national health authorities for keeping the public informed of the truth regarding the disease. In fact, in the Public Health Reports issued by the U. S. Marine Hospital Service, cases of bubonic plague in San Francisco are being constantly reported. The questions that naturally arise as to the newly inducted physicians are: In their acceptance of office, do they deliberately acquiesce in the reflections upon the fidelity and integrity of their deposed fellow practitioners? Is it understood that they accept non-professional censorship? Is the inference correct that they are bound to furnish health reports pleasing to the mayor of their city?"

M. F. P.

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### PUNISHMENT OF COUNTERFEITERS.

In the suit of the M. J. Breitenbach Co. against Henry Thayer & Co., for counterfeiting the style of package and contents of the well-known Gude's Pepto-Mangan, judgment has recently been rendered in favor of the complainant, in the Superior Court of the Commonwealth of Massachusetts. According to the evidence submitted it appeared to the court that the use of the wrapper and package employed by the defendant, Henry Thayer & Co., for the preparation of its Iron Manganese, was calculated to deceive the public and enable the defendant's preparation to be passed off as the plaintiff's known as Gude's Pepto-Mangan. It was, therefore, ordered adjudged and decreed that the defendant, Henry Thayer & Co., its directors, officers, agents and servants be enjoined from making or using in any way a terra cotta colored wrapper with white letters thereon, and the package in connection therewith heretofore used by the defendant for its preparation of Iron Manganese, or any other wrapper or package therewith which imitates the wrapper used by the complainant, the M. J. Breitenbach Co., for its Gude's Pepto-Mangan. The defendants are also enjoined from selling or offering for sale any Iron Manganese in any package or wrapper of a terra cotta color, with letters of the



same style, shape, and general arrangement as those of the wrapper used by the Breitenbach Co., and from using the words "Pepto-Mangan" in connection with such wrappers. Damages were also awarded the complainant for loss of profits, and loss of reputation and standing of Gude's preparation by reason of the deception practiced.

This action of the court is in keeping with right and justice, and will be endorsed by all reputable and progressive manufacturing pharmacists and druggists. Gude's Pepto-Mangan has an established reputation which should not be injured by counterfeiting and deception, such as that practiced by the defendant as proven in the trial just decided by the Superior Court of Massachusetts. The Breitenbach Co. is to be congratulated upon the success secured in their efforts to protect themselves from injury at the hands of those who would seek to secure profit at the expense of others, and the results will go far toward deterring unscrupulous manufacturers from appropriating methods and discoveries obtained only through years of work and much expense.

A. E. B.

## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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ACTION OF BACTERIAL POISONS ON PERIPHERAL NERVES.--Dopter and Lafforgue. (*Archives de Medicine Experimentale*, July, 1901).

These authors have gone completely over this subject by the experimental inoculation of a large number of such substances. They employed diphtheria toxin, tuberculin, bacillus pyocyaneus, cholera and pest toxins. Soluble products of the colon bacillus gave practically no results. These various substances were inoculated locally around the peripheral nerves of guinea-pigs. Account was taken of the clinical symptoms produced and a microscopical examination of the nerves was made. They believe that inflammations of the peripheral nerves of infectious origin are due to the action of bacterial substances circulating in the peripheral blood-vessels. These penetrate by dialysis into the interior of the nerve fiber at its most vulnerable point, the nodes of Ranvier. They exert a necrosive chemical action on the elements of the interannular segment sometimes the axis-cylinder being relatively more affected than the other parts. The entire picture resembles a peri-axillar segmentary necrosis. If the axis-cylinder submits to grave alterations rupture and fatal degeneration follow, accompanied by the characteristic symptomatic conditions.—*Journal of Ner. and Mental Diseases*.

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THE HYGIENE OF DAIRY PRODUCTS.--Löffler first directs attention to the possibility of poisoning from milk which comes from



cows that have eaten poisonous plants and have secreted the toxic principles in the urine, and emphasizes the fact that Hauser has determined that in certain regions there are numerous plants capable of poisoning in that way. He also notes that solanine is not frequently present in potatoes and that often, under such circumstances, the potatoes show grayish or blackish spots, which contain large numbers of bacteria capable of producing solanine. This solanine may cause severe toxic symptoms when the potatoes are themselves eaten directly, or when they are used, as they frequently are abroad, in making milk mixtures. If possible, it would be important to make it illegal to give cattle any food likely to produce poisons. This, however, is impossible to control. The author then calls attention to the possibility of conveying a number of diseases, such as foot and mouth disease, infectious enteritis, tuberculosis, and infection from mastitis, from cattle suffering with these conditions, to children or older persons using the milk. He also touches upon the question of communication of tuberculosis from cattle to other animals, and evidently leans strongly to the view that Koch is right in his recently expressed opinion concerning this matter.—*Phil. Med. Jour.*

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THE BACILLUS COLI COMMUNIS IN HUMAN INFECTIONS.—In an article on this subject, Lartigau, in *Jour. A. M. A.*, April 12, 1902, reaches the following conclusions:

1. The bacillus coli communis is widely distributed in the normal body and in nature. It is usually present as a saprophyte in all parts of the alimentary canal, and may also be present as such in the lower portion of the common bile duct, on the skin, especially in the neighborhood of the mouth and anus, and in the anterior portions of the urethra and vagina.

2. The bacillus coli communis may, under what seem to be normal conditions, be carried during life from the intestine to healthy viscera. This invasion takes place from the intestine into the abdominal viscera, more especially the liver and kidneys, through the portal circulation. It is possible that similar invasions may take place from other parts, especially the mouth, pharynx, etc. Further it is probable that under similar conditions which these invasions occur bacteria may sometimes reach the systemic circulation.

3. Agonal and post mortem invasion of the tissues of the body is common, occurring with great frequency under the most diverse

circumstances with or without apparent lesion of the mucous membrane of the intestine.

4. The virulence of the bacillus coli communis is influenced by at least two factors; 1, changes in the physiologic activities of the intestine; 2, growth in new host environments.

5. The role of this organism as a primary inciting factor in infection is infrequent. It is as a secondary invader of tissue previously occupied by micro-organisms, or of tissue already injured from other causes that it claims our chief attention.

6. The bacillus may induce inflammatory lesions, mainly suppurative, in the body tissues generally; the infection may originate in the intestine.

7. Its role in acute inflammatory lesions of the intestine, more particularly of the appendix, peritoneum, and urinary passages, has been generally overestimated. Whilst it may be the primary inciting factor, other organisms usually take this part, the bacillus coli communis more commonly acting as an accessory factor.

8. It is a factor of importance in the incitement of cholelithiasis.

THE ORIGIN AND PREVENTION OF DEPOSITS OF OXALATES IN THE URINE.—Bearing in mind the fact that from 30 to 50 per cent. of all renal calculi consist mainly of oxalates, Klemperer and Tritschler (*Berliner klin, Wochenschrift*, 1901, vol xxxviii., p. 1289) have made some interesting observations. If, after an ordinary meal of spinach, about 100 mgr, of soluble oxalic acid is set free in the gastric juice, about 15 mgr. appear in the urine. The rest is, in greater part, destroyed by bacteria and ferments in the intestine. Small quantities of oxalate of sodium and oxalate of lime introduced hypodermically appear in toto in the urine, showing apparently that whatever amounts of oxalates enter into the fluids of the human body pass unchanged through the kidneys. But in human beings or animals fed upon a diet entirely free from oxalic acid, oxalates may yet appear in the urine. This they have shown to be due to the fact that oxalic acid may appear as a result of the digestion of kreatin, glyocol, or glycocholic acid. Thus, in a starving dog, oxalic acid appearing in the urine doubtless develops from the kreatin of breaking down muscle.

In order then to make the urine entirely free from oxalic acid, it will be necessary that the nourishment shall contain neither



oxalic acid nor kreatin; in other words, no vegetable or meat, and yet sufficient nourishment to prevent loss of body albumin. This will scarcely be possible; but, as the authors point out, the question is not now to prevent the formation of oxalic acid, for oxalic acid, when in solution, is of no harm, but how to prevent the precipitation of oxalate of lime. As a result of a number of analyses the authors have concluded that the solubility of oxalate of lime is in proportion to the quantity of magnesia and in inverse proportion to the quantity of lime in the urine. The best diet for a patient with a tendency towards oxaluria should then be one in which milk, eggs, tea, cocoa and many vegetables are forbidden, while meat, fat, bread, grains, rice, and the legumens as well as apples and pears are allowed. Klemperer does not recommend the absolute prohibition of vegetables, but only spinach and the various forms of cabbage, on account of the abundant quantity of lime which they contain. Moderate quantities of other vegetables should be allowed. The patient should be encouraged to drink much water; there is no special contraindication for alcohol or coffee.

The quantity of magnesia in the urine may also be influenced by the administration of 2 grammes of sulphate of magnesium a day.  
—*Amer. Jour. Med. Sciences.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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TO REMOVE PLASTER OF PARIS FROM THE HANDS.—Sugar placed in water, or the use of simple syrup, will greatly facilitate the removal of plaster of Paris from the hands after applying plaster dressings. The use of sweet oil is also servicable for this purpose—*Internat. Jour. of Surgery.*

(Vinegar or oxalic acid solution will also do the work satisfactorily. The vinegar especially leaving the skin soft and pliable and entirely free from the harshness which the plaster leaves after washing the hands in plain soap and water.—Editor.)

FOR INTESTINAL ATONY.—When after a laparotomy, there is evidence of intestinal atony, the bowels must be made to move. Purgatives, either mercurial or saline, may prove inefficient, and enemata must be resorted to. A high tube must be used. The most effective substances are the saturated solution of Epsom and Glauber salts, each two ounces, with two drachms each of turpentine and dried oxgall, in a pint of water.—*Internat. Jour. of Surgery*.

(An ounce each of epsom salts, glycerine, and water injected into the rectum will frequently produce a free stool when enemata of water, soap and water, etc. fail even when given with the high tube.—Editor.)

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SURGICAL TREATMENT FOR MITRAL-STENOSIS.—Sir Lauder Brunton proposes a surgical treatment for mitral-stenosis. He advises that the heart be exposed by incisions from the left edge of the sternum outward along the edges of the third and fifth ribs, connecting the outer ends by a third incision and dividing the fourth and fifth ribs. The window thus made is forcibly turned back on the sternum. The heart is exposed and the pericardium divided. A small knife, like a tenotomy knife, with a cutting edge of about one-half inch, is advised. The mitral orifice is enlarged by elongating the natural opening. The knife should be introduced through the ventricle during diastole. The pericardium should be left open to allow any blood which might accumulate to escape. He speaks from his experience in operating upon the hearts of cats and his report is merely preliminary to further experimentation on the subject.—*Western Med. Review*, April 15, 1902.

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ROUND CELLED SARCOMA TREATED BY X-RAY EXPOSURES.—Frank Alonzo Kirby, M D. (*Jour. Advanced Therapeutics*): The case presented, a man sixty-four years old, with an enormous inoperable round-celled sarcoma of the neck, suffering the torments of the damned, with at best a short and painful lease upon life.

Such is the picture presented on November 20, 1901, when treatments by X-Ray exposures were begun. At this time measurements of tumor were, latterly through upper border of ear, seven inches; through base of ear, ten inches; vertically, just back of ear, five inches, the area of ulceration being approximately five inches



by three and one-half inches. Section of tumor examined microscopically showed typical round-celled sarcoma.

The family history revealed on maternal side a predisposition to malignant growth; patient's mother died from sarcoma of stomach, and an uncle, great uncle and nephew died from carbuncle.

The tube used for treatment was a Truax and Green improved, has two anodes and forced back a spark gap of four inches. It was excited by a Van Housen and Ten Broeck twelve thirty-two inch static machine. Length of exposures from fifteen to twenty minutes.

After each treatment it was observed that the excoriated area became glazed and dry and lost to considerable extent its appearance of angry congestion. It should be observed that at beginning of treatments patient was suffering severely; could not sleep nights; was unable to open jaws more than half an inch and had practically lost rotatory movements of neck.

From first exposure onward change in appearance and size of tumor seemed almost miraculous. After fifth exposure, December 3, patient entirely free from pains, ulcerated area rapidly contracting and tumor decreased a good 50 per cent. Previously bony hard indurated borders are softening and disappearing. After ten exposures, December 24th, a healthy scab covered completely what was left of ulcerated surface.

After fifteenth treatment, January 3, 1902, tumor had disappeared, healthy skin covering former site; patient able to open jaws widely and rotary movements of neck practically normal.

Thus in the short space of six weeks a man dying rapidly of a hitherto incurable disease, is rescued and apparently cured, not miraculously, but by means of a modern scientific invention which is happily proving to be of inestimable value to our medical profession.

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio.  
Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

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TRICHLORACETIC ACID IN INFECTED ULCERATIONS OF THE CORNEA.—L. Webster Fox (*Med. Bulletin*) advocates the use of Trichloroacetic Acid in 20 per cent. solution in the treatment of infected ulcerations of the cornea. When the acid is first applied to the ulcer it turns the cornea white like coagulated albumen, and the pain is very severe for a few minutes. However, in 24 hours the cornea will assume a healthy appearance, and the ulcer will have become clear and all evidence of pus, if any is present, will disappear with greater rapidity than under any other treatment that the author knows.

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SCLEROTIC WOUNDS UNFAVORABLE TO TREATMENT.—In a clinical lecture delivered at the Medico-Chirurgical Hospital at Philadelphia, (*Medical Bulletin*) Dr. L. Webster Fox said that the prognosis in all sclerotic wounds is unfavorable. He said that he had on several occasions sutured lacerated wounds of the sclerotic, even when considerable vitreous had escaped, and retained a fairly useful eye for two or three years, then, much to his dismay, noted the development of slow iritis, with shrinking of the eyeball, eventually necessitating enucleation. He also states that a wound of the ciliary bodies is always dangerous (danger zone) and prompt enucleation should always follow. In all injuries to the eyelids, cornea, and sclerotic his routine treatment is to thoroughly douche the wound and afterwards apply compresses saturated with the following solution:

Hydrarg. bichlor., gr. 1-50.

Zinci sulphocarbolat., gr. xxx.

Ag. menth. pip., f drachm ij.

Ag camph. )

Aq. destil.,) of each, f ounce ij.—M.



OPERATIVE INTERFERENCE IN CORNEAL COMPLICATIONS OF GONORRHOEAL OPHTHALMIA.—Dr. H. C. Parker in the April *Ophthalmic Record* reports a series of twelve cases showing the results of operation in the corneal complications of gonorrhoeal ophthalmia. In the cases reported only one resulted in the loss of the eye; in the other 11 the corneae cleared rapidly after operation and the ultimate result was a useful eye in each case. In no case was there a secondary infection leading to a panophthalmitis. In two cases, however, there was hypopyon which soon cleared up.

Dr. Parker concludes by saying that the Saemisch operation is not only justifiable but is indicated when the ulceration is spreading rapidly, and tending toward perforation as is often manifested by a bulging of the membrane Descemet. In most instances the operation should be performed early, and this is especially advisable in adults, since these cases go so rapidly to pieces when once they are fairly started. The operation, as Saemisch advises, should be from clear cornea to clear cornea, through the centre of the ulcerated area. As in the Saemisch operation for other ulcerative conditions, it is necessary to keep the wound open and draining well. It may be necessary to open the wound daily, and in some cases twice a day. This can usually be accomplished with a blunt probe or spatula. Dr. Parker believes that even in the midst of the most purulent discharge when, of course, these ulcerations are the most liable to occur, the operation is justified, and the ultimate results in the cases which he has treated in this manner proved the wisdom of adopting such a course of treatment. Admitting that some cases of spontaneous rupture of the cornea at the site of the ulcer stops all further progress of the disease, and the eye goes on to recovery as in cases operated upon, it seems justifiable to forestall nature and operate early, with the chance of saving more clear cornea and, therefore, a more useful eye.

## BOOK REVIEWS.

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MANUAL OF CHILD BED NURSING WITH NOTES ON INFANT FEEDING. By Charles Jewett, A. M., M.D., Se. D. Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth Edition. Revised and Enlarged. New York, E. B. Treat & Co. 1902.

In this work the essentials of child bed nursing and infant feeding are concisely given, making a volume so small that it may be conveniently carried. A good index adds much to the value of the work.

M. F. P.

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THE INTERNATIONAL MEDICAL ANNUAL.—A Year Book of Treatment and Practitioners Index. E. B. Treat & Co. New York. 241-243 West 23rd St; Chicago, 199 Clark St, 1902.

This annual has been before the profession for twenty years and is therefore too well known to require an extended review. The present volume does not differ in place or scope from its immediate predecessors. As an aid to the general practitioner who wishes to keep abreast of the times and to be familiar with the new developments even along lines somewhat foreign to his usual work, this work deserves the popularity it enjoys.

M. F. P.

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INTERNATIONAL CLINICS.—A Quarterly of Clinical Lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M.D., Philadelphia, U. S. A., with the aid of eight collaborators and numerous cor-



respondents, Vol. IV. Eleventh Series, 1902. Philadelphia. J. B. Lippincott Company. Price, \$2.00.

This volume like its predecessors is full of good articles on timely subjects by men of recognized ability. This volume is the last of the series and is in every way fully up to the high standard of the three volumes which preceded it. Altogether the series has 1,221 pages, 110 articles, 259 illustrations.

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CLINICAL HEMATOLOGY.—A practical guide to the examination of the blood with reference to diagnosis, by John C. DaCosta, Jr., M. D., assistant demonstrator of clinical medicine, Jefferson Medical College, Hematologist to the German Hospital, etc. Philadelphia; P. Blakiston's Son & Co., 1012 Walnut Street, 1901.

The clinical examination of the blood during the last decade has been cultivated to a wonderful extent, and now occupies a position of the first importance in general diagnosis. This fact is abundantly shown by the number of new books on the subject being issued in every part of the civilized world. With the receipt of the present volume, the writer has on his reference shelves three pretentious volumes by American authors—the other two being the volumes by Cabot and Ewing—each and every one of which reflects distinguished credit upon its author in particular and American medicine in general.

The present volume is based upon the author's work and the records, which we are informed have been systematically kept, of all blood examinations in the German Hospital of Philadelphia during the past six years. This period undoubtedly represents the era of greatest activity in clinical hematology in America. The volume fully reflects the present status of the subject, and is well illustrated by eight full page colored plates, three charts, with numerous other illustrations. It contains 451 pages, and presents both the practical and theoretical aspects of the entire subject in a most satisfactory manner. No one making any pretention to completeness of general diagnosis, or indeed of special diagnosis in many departments can afford to be without an elaborate treatise of this sort, and the present volume will be found to meet every requirement.

The spectroscope as well as the microscope receives due rec-

ognition in practical diagnosis, and the best chemical methods available are fully described. The large quantity of blood required for these last named examinations will interfere with their routine use to any great extent, although they can be and should be brought into requisition in special cases for the light which may thus be thrown upon their pathology.

The question of leucocytosis in various acute processes is one of great importance, especially with reference to appendicitis. It is interesting to know that in the experience of the German Hospital no case of suppurative appendicitis has ever been found with a leucocytosis of less than from 20,000 to 25,000. Even when there are from 10,000 to 15,000 leucocytes, more than two-thirds of the cases were purulent.

This volume, along with the others mentioned, will be of value to every advanced clinician, and will satisfactorily meet every requirement of those who do not feel disposed to have more. Its appearance at this time is welcome and we predict for it a hearty reception.

G. W. McC.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### MODERN WAR WOUNDS. \*

BY FRANK W. FOX VORTHY, M. D.,  
Late Captain and Assistant Surgeon 34th U. S. Inf.,  
Indianapolis, Ind.

According to the common acceptation of the term, modern war wounds refer to that class of wounds received in recent wars, and caused by modern weapons, presumably the rifle. In the past three years, however, surgeons in the United States Army have been called upon to treat wounds made by weapons, which properly belong to ancient times. In the Philippines, and also China, in the same engagement have been used spears, muzzle loading blunderbusses, breach loading large calibre rifles, as well as the modern small calibre rifle. Such a diversity of weapons gave an excellent opportunity for the comparative study of ancient and modern wounds.

In the classification of these wounds two methods may be used, first, causation; second, location. Under the first method two subdivisions are apparent. First, those wounds known as gun shot injuries. Second, those caused by other weapons. The latter class comprises mainly those injuries due to manual weapons, such as clubs, spear, bolos, machettes, tomahawks, swords and bayonets. As this class of weapons requires a distance of a few feet only, to be effective, they were used in ambushes, and night attacks mainly.

\* Read before the Indiana State Medical Society at Evansville, May 23, 1902.

Clubs of ebony and palma brava produced typical concussions on the heads of some of our native scouts, who had succumbed to the charms of Morpheus. Every insurgent in the Philippines was armed with a bolo. This bolo was of iron with a wood or horn handle, and varied in shape and size from a sword to a dagger, and from a corn knife to a meat axe. It was generally a cruder weapon than the Cuban machete, but very effective in close encounters. As it could be concealed beneath the loose jacket, it was more serviceable than a sword or sabre, which was always visible. The kries is a weapon similar to the bolo, but with a wavy edge like a Christy bread knife. It was often two edged. The wounds produced by the bolo and kries were often of great length, and usually infected, as the natives were careless as to the cleanliness of their weapons.

A typical example was the case of Juan, a native scout, who in October, 1900, while scouting in the northern part of Luzon, was attacked by six insurgents, who carved him up with bolos and kreises. One cut from the latter extended from in front of the upper border of the ala of the left ear to the middle of the left clavicle. One of the depressions in the kries corresponded with the carotid vessels which probably saved his life. A bolo cut extended from the right acromion process diagonally downward to the lower border of the tenth rib on the left side, severing the muscles of the back and fracturing several ribs. Two other bolo cuts extended entirely through the flesh of his right arm. Such wounds, with the accompanying infection are far more serious than bullet wounds in the soft tissues. His cuts eventually healed by secondary adhesion after a relapse caused by the ardent embraces of his wife, which tore out some seventeen stitches.

Another class of manual wounds was caused by spears and tomahawks. These were the weapons used by the savages in the interior of Luzon, the Igorrotes and Negrites. The tomahawks having a concave edge were not so apt to glance off the skull as an Indian tomahawk. It was not my fortune to see these in use, but the dead in the Abra Valley in Northern Luzon were all hit on the head and their skulls split open. The spears were often of Bamboo sharpened to a fine point, and their penetrating power was almost equal to the iron tipped spear.

The case of Corporal Deming, Company G, 34th Infantry, illustrates their penetration. While on the Gilmore expedition he was crossing the Abalug River, and stepping from the raft to the shore



a buried bamboo spear ran through the sole of his shoe, and piercing the entire instep, made its exit through the upper part of his shoe. The wound healed by first intention. Hundreds of these short bamboo spears were buried in the trail over which this expedition traveled; their points covered with leaves, and inclined toward the advancing column. Most of the spears were iron tipped, and had from one to four barbs, which made an exceedingly ugly penetrating wound, and usually had to be cut out. These were found in natives who had taken allegiance to the United States, and were attacked by insurgents; never have I seen or heard of an American soldier being struck with an iron tipped spear. The wounds were always infected and Tetanus frequently developed as a sequela.

Though swords and bayonets are still a part of the equipment of the modern soldier, yet in long distance engagements they are useless, and wounds from them are so scarce, as to be practically obsolete.

In the second class of wounds—those caused by shells and bullets, the shell wound is rare. They form but a very small proportion of injuries seen in modern warfare, and they present characteristics of comparatively little surgical interest. If the recipient of the wound is not entirely blown to pieces, or suffers the destruction of head or limb, or exposure of the abdominal and visceral cavities, and thereby succumbing to hemorrhage and shock, his wounds are mere lacerations, and much resemble railway injuries. Shell wounds always suppurate, and pyemia is a frequent sequela. In the Naval Hospital in Portsmouth, Va., in August, 1898, I had the privilege of examining over a score of Spanish sailors from the "Christobal Colon," who were suffering from shell wounds. They were all anemic and their wounds suppurating. One sailor was a pitiful sight with abscesses over most of his body. He yielded his life to pyemia. An indirect wound from shell discharge I found in the United States General Hospital, Presidio, San Francisco, in June, 1899. Three returned soldiers of the Utah Battery were suffering from the rupture of the membrana tympani, and otitis media purulenta chronica, the heavy charges of powder used in the field work causing great damage to their ears.

The history of bullet wounds has to be re-written since the Spanish-American and South African wars. All the great powers are now using the small calibre bullet, and smokeless powder. And though the gun may differ as to name, be it the Krag-Jorgenson,

Lee-Medford, Mannlicher or Mauser, yet the wounds produced are just the same. The Springfield, Martini and Remington rifles with their soft lead and large sized bullets have been laid aside except in semi-civilized countries. About one-half of the wounds in American soldiers in the Philippines were caused by Remington bullets. This bullet was eleven milimetres in diameter and had a brass jacket. Being of low velocity, many of them were found in the body and extracted. Suppuration universally followed such wounds, due not only to the brass covering, but also to the fragments of the clothing carried into the wound by the bullet. During the battle of Tagnadin Pass in Northern Luzon, December 4th, 1899, a private of the 33rd United States Infantry came to me with a bullet wound three inches above the wrist on the inner side of the right forearm. No exit wound was found. As the hemorrhage was slight, I put a first aid bandage, and left him for others who needed my attention more. Forty-eight hours later, in the hospital at Vigan, his temperature was 104 5-10 degrees, and his forearm twice its normal size. Under chloroform, with the assistance of Dr. Londes, and another surgeon of the navy, to both of whom I am under everlasting obligations for many favors at a time when I was overwhelmed with wounded, I removed an underformed brass-jacketed Remington bullet from the fleshy part of the forearm. Several ounces of pus which had formed in that short time, together with threads of a blue flannel shirt were also taken away. This is but one of many experiences with Remington bullets, and with them all I had suppuration. The effect of this bullet on dense structures, as bone, was similar to that of all large calibre bullets, and was, I imagine, the same as in wounds in the Civil war. The stunning and stoppage effect of this bullet, as well as a revolver bullet, is more marked than that of the small calibre bullet, and the contusion also greater. Soldiers struck with it were often stopped as suddenly as if they had been hit with a clubbed musket.

Revolver wounds were rare. The insurgents had but few revolvers, and those obsolete. Our own officers and cavalry used the 38 calibre Colt, and its effect was much like that of the Remington bullet, except that it was not so infective. Some of our officers used the Mauser adjustable revolver, which can be quickly converted into a carbine, while others at the present time are using the new rapid fire automatic Colt. The latter has ten cartridges on a clip in its magazine, and keeps on firing as long as the finger pressure is on the trigger. The wounds made by these bullets are practically the same



as the Krag or Mauser bullet, though the velocity is not quite so great.

The chief interest in gun shot wounds centers about the high velocity bullet, and its effect on the human system. The wounds produced by it can be better understood if the chief points of difference between the new and old rifles are remembered. First, the increased velocity; second, decreased calibre; third, shape and weight of the bullet; fourth, construction of it; fifth, addition of a magazine; sixth, the use of smokeless powder. These changes have produced increased rapidity of fire, increased range, a flat trajectory, and thereby an increased danger zone. The increased velocity has no practical bearing on wounds in the soft tissues, and its most obvious ill effects are seen in the different parts of the nervous system, according to Makin's experiences in the South African war, but a notable exception must be made in the case of brain wounds, for in many cases of men shot in the head, and found dead on the field, I have seen the entire brain tissue pulpified. The skull bones, however, were the cause of this, as the greater effect of the high velocity bullet was seen in the high resistant structures—the bone, and their contiguous soft parts. The velocity being imparted to the bones, and by them to their surroundings. The decreased calibre makes a smaller wound, and a smaller area means less resistance on the part of the tissues, and thereby less stunning effect. The shape of the bullet offers less resistance, and thus gives greater penetration too. The hard mantle used in its construction renders alteration either without or within the body more difficult, making lacerating wounds rare, and restraining the bullet from leaving in the tissues detached fragments. The addition of a magazine, smokeless powder, the increased rapidity of fire, and lengthened range, all tend to decrease the number of sword and bayonet wounds, as the engaging sides can rarely get close enough for their use. The trajectory or curved flight of the bullet is flatter than in the old style. The high velocity bullet when fired from the rifle at the shoulder, which rifle has been sighted to five hundred yards, can cover some part of the standing man the whole extent of its flight. This vastly increases the danger zone, and therefore increases the number of the wounded.

In dealing with the general character and nature of wounds caused by this high velocity projectile, two classes are easily apparent. 1. Those injuries from the direct effect of the bullet on

the tissues in which it comes in contact. 2. Those injuries resulting from indirect or remote effect by the transmission of the force of the bullet laterally to surrounding tissues and organs. This latter class, if the hydro-dynamic theory is correct, is caused by the bullet displacing the fluid in the tissue cells, and transmitting a wave effect through the neighboring parts. Stephenson in his "Wounds in War" has an excellent defense of this theory, illustrating it by the effect of a high velocity bullet on a closed leaden can filled with water, which badly shatters the can by the effect of the waves of water generated thereby. The tissues and covering of the brain are analagous to this closed can and its contents, and the effect is generally the same.

Reverting to the first class—the direct effect on the tissues,—the entrance wound is often described as having a punched in look. It is a more punctured or perforating injury than those seen in the Civil war. When the bullet impinges at right angles to the body the entrance is circular, and slightly less in diameter than the projectile. The edges for a small fraction of an inch are discolored, and the skin has a contused look. However, when the wound has been received at a very short distance, or at the extreme range, the entrance wound, I often found to be larger than the diameter of the bullet. In case No. 6 of the sixty-nine killed and wounded in the attack on Laoag, Luzon, April 17, 1900, the entrance aperture was nearly an inch in diameter in the right axilla. It was received at a distance of less than fifty yards. The wound was circular, made by a Krag bullet, and was undoubtedly the wound of entrance, as in its exit, the bullet blew off the top of the skull. This has been explained to me by ordnance officers in the army, that the bullet in its first few yards of flight has not yet steadied itself, and its axis of rotation has not become parallel to the line of its trajectory, as only the last third of the bullet is caught up by the rifling of the gun barrel. This may be the true explanation. At extreme range the wound of entrance is also larger than the diameter of the bullet. Ordnance officers also give the causes for this in the tendency to wobble when the bullet has lost almost all its velocity and rotation. An example of that is the case of a private of the 33rd United States Infantry at Tagnadin Pass, whose wound of entrance was over 3-4th of an inch in diameter and circular. It was received at a distance of over two thousand yards, and must have been near the extreme range of the bullet as it lodged in the brain substance.

Wounds of entrance are atypical, also, when received at an



angle or from ricochet. Out of sixty-nine dead and wounded at the battle of Laoag, thirty had atypical wounds of entrance. As the fighting was at short distance, few of these were ricochet wounds, and the bullet had entered at an angle, sometimes scoring the skin for several inches before penetrating it. Ricochet wounds are contused and lacerated, as well as multiple, as a rule, and in many instances stones, gravel and dirt are carried in by the bullet or its fragments. For four months in the spring of 1900, I occupied my leisure moments in extracting gravel and bullet fragments from the multiple wounds in the hips of a teamster wounded by ricochet, from the accidental discharge of a Krag at a distance of ten feet, the man having been standing in a gravel road. It is needless to add that suppuration is to be expected in such cases.

Exit apertures vary widely. The skin being unsupported on the exterior accounts partially for the exit being larger than the entrance. At normal velocity the exit aperture often resembles the entrance so closely as to be difficult of differentiation. At low velocity, it may be a mere slit, so small as to defy discovery.

Senn in his Lane lectures in San Francisco, July, 1899, told of a case in which he had opened the knee joint for a retained bullet, as he could find no exit. As nothing could be found in the joint, diligent search over the popliteal space revealed a slit in the skin but one half inch long, which he had overlooked, much to his disgust. A proper use of the Roetgen Ray obviates such needless operations. When the bullet emerges through the skin very obliquely a long ditch like wound results much wider than one would suppose and very intractable in healing. Unlike the slit exit, the skin retracts leaving a gaping wound. At the engagement at Vigan, Luzon, December 5th, 1899, an insurgent soldier lying down behind the stone fence at the hospital, raised his head to look out. A Krag bullet struck him on the top of his head, raised a thin plate of bone, with adherent scalp, and passed out near the occipital prominence. The wounds of entrance and exit were long ovals and a gutter fracture of the skull resulted without brain lesion. Not only were the wounds months in healing, but the intervening bridge of the scalp sloughed off, and I removed a thin plate of bone covering about one square inch, before resolution would take place. The horrible wounds of exit, due to the supposed explosive bullets, or to lesions of bone forcing the internal tissues through the skin will be spoken of under the effect on bones.

The track of a normal bullet through the body is straight. The

high velocity bullet does not run along the ribs, and play hide and seek in the body as the old has done. A private of the First Nebraska regiment wounded in the Philippines came under my care in June, 1899. He had two oval scars, the first at right angles to the axis of the body, near the left anterior superior spinous process; the other parallel to the axis of the body just below the umbilicus. He informed me that the surgeon had told him that the ball had been deflected at almost a right angle from the pubic bone, and for several weeks he had discoloration of the skin over this angling tract. My own experience leads me to believe that such a course for a high velocity bullet is impossible. Through muscular tissue this bullet slits and tears, perforates cancellous bone, splinters and comminutes dense bone, and bites out pieces of nerves and blood vessels. A hard, fibrous cord marks its track after healing.

Localizing the bullet wounds, and at the same time noting the indirect effect of a bullet on the tissues concerned, injuries of the head may well be dealt with first. The surgeons of the Portland field hospital in the South African war, remarked that "wounds of the head still continue to be the most fatal of all the injuries received on the battle field." Of the 305 United States soldiers killed in action in China and the Philippines for the year ending June 30, 1901, 78 had fracture of the skull. This number of fatalities was only exceeded by penetrating wounds of the thorax, which caused 101 deaths. In the Civil war 57 per cent. of gun-shot fractures of the head were fatal. In the Spanish-American war, as near as I can learn, 64 per cent. were fatal. According to the surgeon general's report for the year ending June 30, 1901, 94 per cent. of all gun shot fractures of the head received in action, died. This would seem to imply that notwithstanding antiseptic treatment, the modern bullet is not as humane in skull injuries as the old. The reason of this is the explosive action on bone, and on cavities filled with fluids or semi-fluids. This action is noted in distances less than 500 yards approximately. At extreme range the bullet is humane. At the general hospital in Old Point Comfort, July, 1899, I examined a negro soldier who, at the battle of Santiago, had been shot by a Mauser bullet at over 1,500 yards, which penetrated his skull from occipit to the round of the jaw. Some paralysis at first was present, which at the time I saw him, had entirely disappeared and he had completely recovered. It seems improbable that the same kind of a bullet could cause the following injuries, which were taken from my case book, occurring at the battle of Laoag, April 17, 1900.



Case No. 6, native Filipino, found dead shortly after the fight, distance shot, less than 50 yards. Entrance wound about one inch in diameter in right axilla. Exit, whole rear of the head blown out, brains gone from parietal to parietal, all gone clear down to the base of the skull.

Case No. 7, native Filipino, dead. Distance probably less than 100 yards. Entrance wound 3-4 inch by 3-4 inch, center right ear. Exit, the entire left side of head including ear gone, with fracture and displacement of all the rest of the bones of the skull, as well as malar and superior maxillary of left side of face. Looked rather flat faced.

I have records of other cases almost as severe as these two cited. These were all produced by Krag bullets undeformed, and not filled at the apex to render explosive. The terrible injuries to the skull led many to believe that the bullets had been tampered with, but as close inspection was made of our ammunition before the fight, it must have resulted from the velocity of the bullet alone. "Gutter" fractures or those resulting when the bullet chips up a portion of the bone, leaving a neat "gutter" behind are rare, and also rarely fatal, as in the case cited. The gunshot fractures in the Boer war have generally been received at long range, and consequently to do not show the explosive effects as seen in the Philippines where such wounds were usually at short range due to ambushes.

Wounds of the face gave little trouble unless some important nerve was cut, as the bone and cavity conditions were absent. However when the inferior maxillary bone was involved, much annoyance was caused often by the non-union of the fragments, as in the case of Captain Gibson of my own regiment, where excessive destruction of this bone left him with a useless lower jaw. Retained bullets in the face were sometimes found. Borden reports a case of a private in the First Nebraska regiment with retained bullet in right antrum of highmore, localization by X-Ray and recovery. This case came under my observation at the General hospital, San Francisco, June, 1899. Ankylosis of the jaw and retinitis with atrophy of right eye present. An unsuccessful attempt after two radiographs had been made, to remove the bullet was followed by its complete removal August 16, 1899 by Maj. A. C. Gerard. Bullet was found to be a deformed Remington. The last time I saw the case was September 7, 1899, when almost complete recovery had taken place. The patient, however, at that time was suffering far more from an X-Ray burn six inches in diameter than he had from the presence

of the bullet. Borden reports a case of lodged bullet in the brain with recovery. From conversation with many army surgeons, I am led to believe that recoveries are exceedingly rare in such cases. In the one case I had, a private 33rd Infantry, at the battle of Taguad-in Pass, December 4, 1899, death took place within twenty-four hours. The distance was nearly 2,000 yards; entrance over fissure of rolando left side, bullet presumably had passed toward the base of brain, and was not found. Patient unconscious from the receipt of injury with total paralysis of right side. The bullet had penetrated so deeply and the condition of the patient such that it was not followed to its lodgment. Wounds of the neck were of the gravest importance on account of the large blood vessels and nerves there. Some of the narrowest escapes occurred in this region. This class will be noticed under wounds to blood vessels and nerves.

Wounds of the chest have not been given sufficient prominence by the writers on high velocity projectiles, I believe, and my statement is based on the Surgeon General's report for the year ending June 30, 1901, that the largest number of deaths in action—101—were due to wounds in the chest. So many marvelous recoveries have been recorded that one is apt to forget that such injured usually die on the field of action. If they live long enough to reach the hospital, the great majority, nearly 80 per cent. recover. The percentage of mortality in the Civil war of penetrating wounds of the chest was 65 per cent. I am unable to get accurate figures for the Spanish-American or Boer wars, though Greenleaf, in the former, reports 24 cases, with 9 deaths, or 37 per cent. fatal. These do not, I believe, include any found dead on the field from chest wounds. In the past year in the Philippines, of all penetrating wounds of the chest in action, 74 per cent. were fatal. The wounds may be divided into two classes. First. Those of bronchi and lungs. Second. Those of heart and bloodvessels. The first are numerous, and rarely fatal, unless the root of the lung is involved, in which case most of the patients succumbed on the field; or in those cases where the bullet was lodged in the lung tissue. Repeatedly though I have seen men shot anterior-posteriorly, and have little hemoptysis and slight hoemothorax, the wound closing up beautifully, with no infection, or untoward symptoms. The celebrated case reported by the surgeons of the Portland Field hospital in the Boer war shows what a slight shock these bullets make: "A man whilst firing in the prone position, felt his pipe break in his breeches pocket, and presently put his hand down to feel what had happened. He withdrew his broken pipe, and



also a bullet, and then finding some blood on his hand, thought he must have been wounded. As it turned out, he had been hit by a bullet which entered the shoulder and traversed the lung and abdomen, and yet had caused him no pain or sense of injury."

Lodged bullets give rise to much pain and often severe hemorrhage. A soldier under my care, in General hospital at San Francisco, had one lodged in the upper lobe of his right lung, according to the Radiograph. At recurring intervals, about ten days apart, he would be seized with a violent pain and a severe hemorrhage through the mouth would ensue. He grew weaker and weaker, and probably died, though I was unable to follow the case through on account of orders for foreign service. Pain in breathing was also noticed in those cases where ribs were fractured.

Wounds of the heart and large blood vessels of the chest were seen in autopsies only. I have seen one man with a wound one inch above the left nipple, and also one in a similar place below the left nipple, and no symptoms of involvement of the heart. Recoveries uneventful in both cases.

Wounds in the spine were similar to those seen in our civilian hospitals, and little could be done for them. The inevitable resulting paralysis and decubitis rendering the patient a burden to himself and all concerned. The bony column surrounding the cord gave a high velocity bullet awful opportunity for explosive effect. Sixty-two per cent. in the Spanish-American war were fatal, which is seven per cent. more than in the Civil war.

Wounds of the abdomen have caused much discussion and many differences of opinion. They still remain of the gravest character, and are far more fatal than the hospital records show. Ninety-one per cent. of those soldiers with penetrating abdominal bullet wounds last year in our army were fatal. Of those who survived long enough to be carried to a hospital, 80 per cent. of these were fatal. At the battle of Laoag, Luzon, thirty-three of its sixty-nine killed and wounded had penetrating abdominal wounds. Twenty-six of these died before I could see them. The remaining seven died within 72 hours. It is exceedingly exasperating to see these cases passing away, no matter whether conservative or operative treatment is used. Of the organs wounded, the spleen produced death quicker than any other, which was undoubtedly due to hemorrhage. The liver would allow perforation providing the large blood vessels were not touched. The only case of recovery in my own practice

from penetrating wounds of the abdomen was of this class. A Filipino woman was walking along the streets of Laoag, Luzon in October, 1900. A native scout twelve feet away from her in cleaning his Krag carbine accidentally discharged it. The bullet entered the woman's abdomen right side immediately beneath the last rib, at the edge of the rectus abdominalis, and passing backward, and to the right emerged in the same traverse place two inches posterior to the axillary line. For a week her temperature was over 102 degrees, at the end of which time it gradually fell to normal with uneventful recovery. The entrance and exit wounds were small and quickly healed. No surgical interference was used.

Wounds of the stomach were not so fatal as those of the intestines, though in my own experience, I have never seen a recovery. Senn's theory that wounds above the umbilicus were favorable for recovery was not upheld by the surgeons who examined the dead on the battle field. When the small intestines were perforated, death invariably resulted. Makin reports in the South African war that all the cases in which perforation was diagnosed in the hospital, resulted fatally, and that undoubtedly of the cases that recovered spontaneously, the injury was not of a perforating nature. Watson Cheyne in British Medical Journal, May 12, 1900, reports that from his own experience with wounds of the abdomen, "That the results were not nearly so good as he had been led to believe." The surgeons of the Portland Field hospital also report that, "Far too favorable an opinion has been formed of the results of such injuries." On the other hand in the Spanish-American war there were 44 penetrating wounds of the abdomen with 30 recoveries. Ojuna reports that 70 per cent. of the Spanish soldiers wounded in the chest and abdomen in the battle of Santiago recovered. He evidently includes non-penetrating wounds in his statement, which materially lessens its value. Robinson reports twenty recoveries out of forty-five cases received at the First Reserve hospital, Manilla. This latter report is misleading, as it does not state out of how many hundreds of cases of abdominal injuries were these forty-five culled. Many of these were undoubtedly on the road to recovery before being shipped to Manilla, as the First Reserve hospital was miles and sometimes hundreds of miles from where the wound was received. As Bowlby, the English surgeon, in commenting on Robinson's statement says, "From what we have been able to learn we are of the opinion that a considerable number of men shot through the abdomen die very quickly, or within a few hours, and we think that



the patients who were seen at the Base hospitals," (as was the First Reserve), "were to be regarded as men who had either escaped injury of the bowels and bleeding into the peritoneum, or in whom the perforation of the intestines had not been followed by its usual complications. They represented the few survivors of a large number of men who had died from wounds of the abdomen, implicating the small intestine, and were not to be regarded as *in any way* illustrative of the usual results of such injuries." Transverse and oblique wounds of the intestines were always fatal.

Wounds of the large intestine were not as fatal as those of the small. The denser muscular coat assisted in closure of the opening. Also the conditions in the large intestines seemed better for a localized peritonitis and circumscribed abscess similar to those of appendical origin. Therefore wounds in the lumbar region were not considered so serious as those nearer the center of the abdomen.

Wounds of the kidney caused little trouble, and with fatalities about the same as wounds through the extremities. Through the bladder more trouble was experienced from extravasation of urine. These injuries were not considered very fatal.

Recapitulating, we find the consensus of English and American surgeons placing abdominal wounds as regarding fatality in the following order: 1. Spleen wounds, most fatal of all. 2. Perforating wounds of the small intestine and mesentery. These were more liable in the transverse and oblique passages of the bullet through abdomen. 3. Wounds of the stomach. 4. Wounds of the large intestine. 5. Wounds of bladder. 6. Wounds of liver. 7. Wounds of kidney. 8. Non-perforating wounds of the intestine; the least fatal of all. As a general rule, from the statistics I have examined, I would suggest that excepting *splenic* wounds, the mortality of penetrating, anterior-posterior abdominal wounds is in inverse ratio to distance from center of abdomen. In other words, the farther from the center the greater chance of recovery.

Wounds of bone, and especially those of the long bones, are important from the explosive effect which is here seen. The bones of the skull enclosing the brain give the worst effects. McCormac in the *Lancet*, August 3, 1895, says, "Explosive effect is due to rapid arrest of the flight of the bullet on piercing fluid matter, and its motion being transferred to parts immediately surrounding, and these again to parts further removed somewhat as wave circles by throwing a stone into water." This view has been modified since 1895. Schachner in *Annals of Surgery*, January, 1900, says: "Ex-

plosive action is due to the deformation of bullet range, and character of tissue." He places the range at anything less than 1,000 yards. My own experience leads me to believe that the explosion action is due to short range, a hard bone, and soft tissues on the distal side of the bone. The case also, Juan Aguinaldo, sergeant of Insurgents, shot by Krag carbine, July 7, 1900, Pasuchin, Luzon. Distance 125 yards. Entrance wound 1-2x1-2 typical, three inches below internal condyle right femur, course downward and outward, fracturing both tibia and fibula, comminuting the former so that not a piece three inches long remained. Exit, the whole external surface of the leg, blowing out much of the muscular tissue, and what remaining was filled with spicules of bone. The comminution of bone was so extensive amputation advised, which I did under spinal anesthesia, the first major operation done in the Philippines with subarachnoid anesthesia. Robinson saw 24 cases of explosive effect out of 462 cases of bone wounds; all were in long bones or calvarium, and not at extreme range. Explosive action can also be due to the filing of the hard apex until the soft core of the bullet is reached. This is then called a "soft-nosed bullet," and "mushrooms" upon striking the harder tissues.

Senn remarks that extensive comminution of bone exists when the distance is within 500 yards; perforation and no splitting in the next 500 yards, and beyond that comminution. English authors do not agree with him, but affirm that the comminuting effect diminishes as the velocity decreases, and that perforations occur in cancellous bone at any distance, but rarely in the shaft of the long bones. After seeing several hundred cases of bone injuries, I have yet to see a perforation except in cancellous bone. In comparison with Civil war wounds we had less transverse fracturing, more longitudinal splintering, the explosive effect in exit wound, the striking contrast of extreme comminution of dense bone, and simple perforation of cancellous, and finally, the ease with which these wounds healed without amputation. In the Civil war the injuries to extremities showed a fatality of 19 per cent.; in the Spanish-American war but 1.8 per cent.; a decided gain due to high velocity bullet, aseptic and conservative surgery.

Bloodvessels have shown a marvelous capacity to escape injury. Makin thinks that this may be due to an effect similar to that seen in a limited train which has been known to throw articles off the track without touching them—the air in front of it acting as a buffer. Hemorrhage from the perforated vessels has



not been as severe as expected. I saw one case of the external carotid perforated in an officer; the common carotid was ligated, recovery followed; one of my cases was that of a native. The external carotid artery and internal jugular vein were both perforated. Ligation in this case did not save him, as several hours had elapsed before I saw the case, and too much hemorrhage had ensued. The best example of perforation though is the case of a private, 12th Infantry, from Evansville, Ind. This man was shot from ambush, and being deserted by his comrades, crawled into the bushes several hundred yards away, and lay there sometime before being found. When brought into the hospital I found a typical entrance wound, middle external surface, right thigh. Exit, typical at posterior edge, inner condyle of right femur. Diagnosis: Perforation of femoral artery in Hunter's canal. Every effort was made to establish collateral circulation without success, and after a week the leg presented that classical color and condition seen when both afferent and efferent blood vessels are occluded. I amputated at the lower third of the thigh, and found that both vein and artery had been entirely cut through, clots being found in both. It was peculiar to me that fatal hemorrhage had not occurred at the time of injury, or during the subsequent movements in crawling. Recovery occurred, and patient sent to Evansville. Aneurisms frequently occurred with the usual involvement of contiguous vessels and structures. The one case I had will be reported under nerve injuries.

Injuries to the nerves occurred with great frequency, both in our own wars, and also in the South African campaign. As most of them were concussion and contusion, the resulting paralysis, as a rule gradually diminished, and in most cases, vanished completely. Senn reports one of the cases under my care in his "Practical Surgery." A hospital corps man was shot at Malabon, Luzon. Entrance just below the level of the right shoulder joint on axilla side of the scapula. Exit, anteriorly base of axilla and inner border pectoralis major muscle. Paralysis complete from the start. An egg shaped swelling soon appeared in axilla. Diagnosis, aneurism axillary artery, third portion. When under my care in June, and July, 1899, at the presidio, San Francisco, the aneurism was compressible, and I recommended ligation. The patient was prepared for operation, but Dr. Senn decided to wait, hoping to have the functions of the nerves involved restored in time without surgical interference. When I last heard of the case in September,

1899 the functions of the median nerve had been re-established, but not those of the ulnar.

The treatment of gunshot wounds has been carefully avoided in this paper, for as a general rule they should be treated exactly as those we have in our civil hospitals here at home. However, my own experience supplemented by the experience of other army surgeons caused me to always cut down on a large sized low velocity bullet, as the Remington, if possible, and lay its track wide open on account of the attendant infection. Also, to leave a small sized high velocity bullet alone, hoping it may become encysted. Scores of such bullets are being carried about to-day without any trouble. One of my cases, which Dr. Senn has also reported, has a bullet lying close against the rectum 1 1-2 inches above the sphincter. A Radiograph found it there though the point of entrance was just above the popliteal space. It causes him no trouble at all. Borden reports a case of a soldier who still carries a bullet in the brain without irritation of any kind. Another observation is—the enormous recuperative power of bone tissue after gunshot injuries. Very rarely is amputation justifiable. Formerly it was thought best to amputate in wounds of the joints, but under antiseptic treatment it is rarely if ever needed.

The treatment of gunshot wounds of the abdomen in war has not been satisfactory from a surgical standpoint. Every one operated on in the Spanish-American war died. Nearly all operated on in the Boer war were fatal. It is impossible to do the patient justice on the battlefield, and while such operations should be performed in civil hospitals where conditions are favorable, so far we have not been able to conduct such operations with success on the field of action, and by the time the patient is transported to the Base hospital, he has passed the operating time. Conservative treatment alone has given the best results.

No less an authority than MacCormac says: "The treatment of the larger portion of Mauser wounds is generally of the expectant kind, and this is especially true of abdominal wounds. But in every region of the body, the percentage of cases terminating fatally is diminished."

The Civil war has left us a mortality of the wounded of 13 per cent. The Spanish-American war cut this percentage in two, and the records of the hospitals in the Philippines reduced this nearly one-half, so that it may not be a misnomer after all to call the modern rifle a humane weapon.



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## *SOCIETY PROCEEDINGS.*

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### THE INDIANA STATE MEDICAL SOCIETY.

The 53rd annual session of the Indiana State Medical society was held at Evansville, Ind., on Thursday and Friday, May 22 and 23, 1902. The opening session was called to order by President A. W. Brayton, of Indianapolis, and invocation offered by the Rev. Eugene F. McBarrow, of Evansville. The address of welcome was given by Dr. J. W. Compton, representing the mayor, Mr. Chas. Covert. The members of the society were assured that the city of Evansville greeted the visitors with open arms, and that nothing would be left undone to make the doctors go away with a feeling that the time at Evansville had been profitably and pleasantly spent.

The report of the secretary, Dr. F. C. Heath, of Indianapolis, showed that there had been a notable increase in the membership of the society, particularly from the Southern counties of the State. Some counties had failed to report the usual membership while others had increased the membership over the previous year. Several new county societies have sprung into existence and affiliated with the State organization.

The treasurer, Dr. Albert E. Bulson, Jr., of Fort Wayne, reported that after all the expenses of the year had been paid there was a balance of \$320.77 in the treasury.

The report of the committee on arrangements, by the chairman, Dr. Edwin Walker, of Evansville, showed that the committee had left nothing undone that would add to the comfort, convenience and pleasure of the members of the society while in session at Evansville. The report, so far as finances were concerned, was incomplete owing to the fact that many of the bills had not been presented at the time the report was made.

The report of the committee on necrology by chairman, Dr. G. W. H. Kemper, of Muncie, showed a very large mortality in the society for the year.

The report of the committee on publication by chairman, Dr. A. W. Brayton, of Indianapolis, was the usual one, showing the work of the committee in editing and putting into the hands of the members the published transactions for the year.



The committee on credentials had nothing to report.

Of the 37 addresses and papers on the printed program, 25 were presented to the society by the authors in person, and of the remaining 12, 7 were read by title, though the essayists were present at the meeting and had to leave before the close of the session, while the remaining 5 were read by title owing to non-representation.

The first paper on the program was read at 9:45 a. m., by Dr. Geo. S. Weever, of Evansville, the title being, "Suggestion as a Therapeutic Measure." The essay included a resume of its history, facts concerning its usefulness, technique, and other points in its application, the diseases to which it is applicable, and the permanency of its cures. The paper showed a wide study of the topic and was discussed by Dr. Link of Petersburg, who spoke of its relation to hypnotism.

The second paper presented was by Dr. H. J. Hall, of Franklin, upon "Is Alcohol a Food?" It was a statement of Prof. Atwater's experiments and claims that alcohol is not food, which the essayist showed to be unscientific in the light of the ordinary accepted definitions of food. The paper passed without discussion, the members present seeming to indicate by their silence that they cared but little whether alcohol was or was not a food so long as the discussion of the subject extended no further.

The third paper was by Dr. Brigid Elizabeth Malone, of LaPorte, upon "Predisposition to Disease or Crime due to Inherent Tendencies." The paper was very long, and the essayist was only allowed to continue beyond the time limit through the courtesy of the society, a special motion to that effect being passed. The paper contained a vast amount of fact, statistics, and conclusions, which showed wide and recent research and correspondence with reference to the subject. The conclusions were essentially that predisposition and inherent tendencies are in nearly all instances responsible for much of the disease and crime encountered at the present day. The paper was ably discussed by Drs. A. E. Sterne, W. C. White, and W. B. Fletcher. The latter made a most forcible speech condemning the tendency to hold as a spectre before certain individuals, the delusion that hereditary and inherent tendencies and predisposition are destined to affect the health and morals of the individual. He thought that the present tendency in schools, in social life, and in courts was to make too much allowance for heredity and environ-

ment, thus endangering responsibility, the education of the will, and breaking down the safeguards of control and morality.

Before the closing of the morning session the report upon "The Commitment to Insane Asylums," by Chairman Dr. W. B. Fletcher, of Indianapolis, was read. In it were a series of suggestions to the State Board of Charities for a better method of commitment to the insane asylums which was referred to that board as expressing the sentiment of the society.

A committee, with Dr. Miles F. Porter, of Fort Wayne, as chairman, and Drs. W. N. Wishard, A. Maxwell, Indianapolis, Edwin Walker, Evansville, G. W. H. Kemper, Muncie, Homer J. Hall, Franklin, and Walker Schell, of Terra Haute, was appointed by the president, on motion, to convey the sentiment of the society to Dr. Joseph Eastman, of Indianapolis, expressing their grief because of his long and serious illness, and inability to attend the meeting, and their hopes for recovery.

#### AFTERNOON SESSION—FIRST DAY.

At the first day's afternoon session the papers opened with a "Symposium on the Treatment of Tuberculosis," by Dr. A. Maxwell, Indianapolis, (Preventative Treatment), Dr. Theodore Potter, Indianapolis; (Early Treatment), Dr. Louis Burckhardt, Indianapolis; (Treatment of Advanced Cases), and Dr. Geo. T. McCoy, Columbus, (General Prophylaxis). This proved one of the most interesting features of the meeting, owing to a greater interest in tuberculosis with every succeeding year. As preventative treatment the improvement of hygienic and sanitary conditions was advocated, and a plea made for education of the people as to the nature of the disease and the manner in which it affects others. As early treatment the resort to fresh air, sunshine, and absolute control of the patient was considered of paramount importance in securing the best possible results. To the latter end the sanitarium plan of treatment was advocated as being the best. As treatment of advanced cases sanitariums or hospitals where the climatic and rest-cure, accompanied by rigid control of the patient can be secured, was recommended. In the paper upon "General Prophylaxis," attention was called to the fact that tuberculosis is an acquired and not an inherited disease. Predisposition, cause, and source of the infection, and the manner in which infection takes place were duly discussed. Education of the public was considered of most importance in the prophylaxis of tuberculosis. The group of pa-



pers was discussed and commended by Drs. F. B. Wynn, Geo. Kahlo, A. P. Buchman, and J. N. Hurty.

Dr. W. N. Wishard, of Indianapolis, next read a paper upon "A New Method of Using the Cautery for the Reduction of Prostatic Hypertrophy." The very ingenious and efficient device invented by Dr. Wishard for illuminating the bladder and observing the actual work of the cautery were shown and explained. The instrument passes into the bladder through a perineal opening in the urethra, and by a view of the field of operation secured by a series of lenses the operator is not working in the dark as in the Bottini operation. This instrument has been shown before the St. Louis State Medical society, and will be exhibited at the Genito-Urinary section at the Saratoga meeting of the American Medical Association. In the discussion Dr. Porter commended the essayist for his ingenuity in giving the surgeons such a valuable instrument. He said that he could not discuss the question from experience, but from the description given thought that the device recommended was worthy of trial by every surgeon called upon to reduce prostatic hypertrophy. The paper and instrument was also favorably commented upon by Dr. Rilus J. Eastman.

Dr. Luther P. Lockett, of Terra Haute, read a paper upon "Rupture of Urethra; Supra Pubic Cystotomy for Same, With Report of Case," and the surgical measures employed.

"The Treatment of Internal Hemorrhoids," was the title of a paper divided between Drs. Geo. J. Cook and Alvis B. Graham, of Indianapolis. The former considered the treatment by injection, divulsion and the Whitehead operation, while the latter considered the treatment by ligature and the clamp, and the cautery. This paper was one of the few that received such extended discussion that it almost became necessary for the president to call a halt in the arguments. The important topic was discussed in all of its various phases, and the advocates of the various well known methods of treatment for this affection were there to support the claims of best results by their own particular methods. On the whole it was thought by most of the prominent surgeons present that we have yet to discover an ideal operation for hemorrhoids, in the sense of obtaining union by first intention and the prevention of disagreeable after-effects for our patients. By several the Pennington operation was thought to approach nearer to the ideal than any other now advocated for the treatment of hemorrhoids. Following this operation the patients suffer but little pain and inconvenience, are

seldom confined to bed or the house for more than a week, and the reported results are as satisfactory as could be desired.

Dr. C. N. Suttner, of Ellwood, read a paper upon "Some Diseases of the Lower Bowel," which was particularly directed to the discussion of the subject "colitis," in its general meaning, with valuable suggestions in the treatment and differential diagnosis.

Dr. J. F. Barnhill, of Indianapolis, read a classical paper upon "The Surgery of the Mastoid Region." In this paper the essayist advocated careful treatment of all middle ear suppurative conditions with a view to preventing as much as possible an extension of the trouble to the mastoid cells. Good drainage from the middle ear was considered an essential feature in this treatment. With the involvement of the mastoid region operative measures become necessary. The various mastoid operations were described, with methods of performing them, and necessity for their employment. Preference was given to the radical mastoid operation for not only the cure of mastoiditis but the cure of chronic purulent otitis media as well. The paper received extended discussion at the hands of numerous specialists present.

#### EVENING SESSION—FIRST DAY.

The evening session, held at the People's theatre, was called to order promptly at 7:30 by the vice president, as is the custom. In deference to the shortness of the time allotted to the evening session, and his modest desire to not detract from the principal address of the evening, the president, A. W. Brayton, made no formal address, explaining that the society needed neither advice nor admonition. Figuratively speaking, he threw bouquets at the society and all of its committees and officers who were responsible for its success and the success of the Evansville meeting. He also threw a posy or two to the good people of Evansville who opened their homes and entered into the spirit of the entertainment. He in particular commended the speaker of the evening, Prof. Victor C. Vaughan, of the University of Michigan, for the invaluable and painstaking work performed in connection with the study of typhoid fever and many other subjects of scientific interest. He concluded with a plea for the establishment of a State laboratory of hygiene to assist the people and the physicians of the State in such work as Dr. Vaughan had done so much to advance. He then introduced the orator and guest whose subject was "Immunity."

This address, delivered in an entirely informal manner, was



of a popular nature, and considered in a delightful and instructive way the varying phases of immunity, and the nature of toxins and anti-toxins, and their use in the treatment of disease.

The address of Prof. Vaughan occupied a little more than 30 minutes, and was followed by remarks on the part of Dr. Walker, of Evansville, chairman of the committee on arrangements, who invited the members of the society, and all others who possessed tickets, to proceed to the magnificent steamer, "Morning Star," only a block distant on the Ohio river, upon which they were to enjoy a trip up the river some 16 miles and return.

A few minutes after 9 o'clock the visitors and invited guests to the number of 1,200 or 1,500 were enjoying the coolness and beauty of a ride on the famous Ohio. Lashed to the side of the steamer was an immense barge duly prepared for dancing, and upon which all the younger and many of the older guests enjoyed themselves to the strains of the waltz and two-step from a splendid orchestra stationed at one end. On the steamer proper was a band and two orchestras to discourse music. Substantial refreshments, cigars, lemonade, and other wet drinks were furnished in liberal quantity. Following one of the hottest and sultriest days of the early summer the cool ride on the Ohio was a welcome relief to the perspiring crowd, and was even more enjoyed than it would have been under ordinary circumstances when such a trip could not have been anything else but a source of delight. The entertainment was novel in the history of the society, and will long be remembered with pleasure by those in attendance. The steamer was at her landing again a short time after midnight.

#### MORNING SESSION—SECOND DAY.

The morning session of the second day opened with attention to unfinished business. The secretary announced the names of the members of the nominating committee, and instructed them as to the election of four members of the House of Delegates of the American Medical Association.

The treasurer, Dr. Albert E. Bulson, Jr., Fort Wayne, made a motion to the effect that the honorarium of the chairman of the committee on necrology be increased from \$5 to \$10; that the usual appropriation of \$300 for the committee on pathology be made for the ensuing year to cover the expenses of the exhibit at Evansville and at the Saratoga meeting of the American Medical Association; that the Indiana members of the House of Delegates be instructed

to advocate and support the plan of the Indiana committee on pathology for reorganizing the work of the committee on pathology and bacteriology, of the American Medical Association. The motion was unanimously carried.

There was no report of the committee on ethics, but the committee on finance reported that the bills and vouchers of the secretary and treasurer had been properly audited and found correct.

The report of the committee on pathology, by Dr. Frank B. Wynn, of Indianapolis, showed that the exhibit had been limited to such specimens as were clearly of educational value in pointing out the progress of pathological change as depicted in various stages of disease. The report also went on to say that the specimens taken to Saratoga would be selected with a similar view in mind.

The committee on inebriety was indulging in milk punches flavored with minute doses of spiritus frumenti to offset the depressing effects of the humid atmosphere, and consequently was unable to render report when the same was called in open session.

The report of the committee on hygiene, by Dr. J. N. Hurty, of Indianapolis, was as usual a lengthy report, and dwelt at length upon the necessity for a laboratory of hygiene to be erected at Indianapolis and placed at the disposal of the State Board of Health.

The report of the committee on the Rush monument fund was buried somewhere in the dusty archives of the society, and was not dug up for exhibition.

The first paper on the scientific program was by Dr. T. Wertz, of Evansville, which consisted of a report of two cases of glaucoma treated by manipulation. The essayist described the method of applying massage as a treatment for glaucoma, and commented upon the favorable results secured from this simple method of treatment. The paper was discussed by Dr. Wheelock, of Fort Wayne, who considered it unwise to pin faith to any treatment as the only treatment of probable benefit. He thought the results following iridectomy were discouraging. Dr. Bulson, of Fort Wayne, said that he had had some experience with the massage treatment of glaucoma and thought it wise to employ it in all cases with a view to securing good results, and if possible avoiding the necessity for an operation. The simplicity, and freedom from the slightest danger, made it applicable to all cases, and possible for anyone to employ. He thought one cardinal rule should not be lost sight of, and that was in case the tension was not quickly reduced by massage, and retained reduced through a repetition of the massage, operation



should not be delayed. He thought the good results following the resection of the sympathetic and iridectomy were on a par. Neither of these operations are successful in some cases.

The second paper on the program was that of Dr. J. Rilus Eastman, of Indianapolis, on "Conservative Treatment of Stricture of the Esophagus." This paper dealt with the pathology of stricture of the esophagus, the conditions in the wall of the gullet, including the dilation above the stenosis, etc. Special reference was made to the importance of the diagnosis of stricture, with special reference to location. The essayist considered the usual bougies inefficient and said that this had led him to devise malleable dilators which were presented for inspection. Cases were cited in which relief had been secured by his method and instrument when other well-known methods had failed. The paper was discussed by Drs. Graham, of Indianapolis; Griswold, of Peru; Porter, of Fort Wayne; Walker Schell, of Terra Haute; and Dickinson, of Henderson, Ky.

The well worn subject "Appendicitis" came in for a whirl of discussion with the paper by Dr. F. G. Bowers, of Richmond, in which a plea was made for early operation. Drs. Evans and Compton, of Evansville, threw a bomb into the camp of the surgeons when they declared, in rather forceful language, that appendicitis on the whole is a rare disease and when occurring is best treated medically. They implied that but for the mania for operating, and the large fees usually obtained for opening the belly, no appendicitis cases would receive treatment through the medium of the knife. These statements brought the surgeons to their feet in defense of early operation following early and correct diagnosis. Among those entering into the discussion were Drs. Dixon, Geo. J. Cook, Walker Schell, E. H. Griswold, and others.

#### AFTERNOON SESSION—SECOND DAY.

The afternoon and final session began with a paper by Dr. J. G. Scott, of Indianapolis, on "Maternal Nursing," which was a plea for natural feeding of infants until the child's stomach is capable of taking and digesting undiluted cow's milk, and other equally digestible foods. Attention was also called to the necessity for proper care of breasts, methodical habits in nursing, necessity for proper care of the health of the mother, and the best methods of weaning the child.

The paper of Dr. E. H. Griswold, of Peru, on "Lobar Pneu-

monia" was discussed by Dr. McCoy, himself a long sufferer from the disease, in which he said that his greatest need while sick was general comfort and rest.

Dr. A. J. Knapp, of Evansville, gave an account of the "medical inspection of schools" (as he and others at Evansville had undertaken), its value, its necessity and its beneficent results. The paper concluded with a plea for regular systematic examination of the children for detection of eye, ear, nose and throat defects, and the discovery of any defect in the physical condition of the pupils that under competent attention can be rectified.

Dr. A. E. Sterne, of Indianapolis, read a paper on "Photo-Chemistry in the Treatment of Disease." The results he had achieved in tuberculosis and in some forms of tumors, during the recent three or four years, were startling, and he desired to make them a matter of record. His paper and oral explanations elicited the closest attention and extended discussion.

Retrolateral Curvature of the Spine," was illustrated by a series of diagrams explained by Dr. H. R. Allen, of Indianapolis. He also showed instruments for more accurate measurements.

The last paper presented was by Dr. F. W. Foxworthy, of Indianapolis, on "Modern War Wounds," in which the wounds received in the Cuban, the Philippine and the Chinese Wars were contrasted. The paper was illustrated by a series of appropriately labeled and selected weapons which had been secured by the essayist while an army surgeon in the Philippines and China during recent disturbances. (The paper appears in full in this issue of the *Journal-Magazine*.)

The attendance at the close of the session was probably the largest that the society has ever had with the completion of the last paper.

With the introduction of the incoming president, Dr. J. B. Berteling, of South Bend, the society adjourned to meet at Richmond, Ind., in May, 1903.

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#### OFFICERS.

The nominating committee reported the election of the following officers for the ensuing year:

President, Dr. J. B. Berteling, South Bend.

Vice President, Dr. W. H. Gilbert, Evansville.

Secretary, Dr. F. C. Heath, Indianapolis.



Assistant Secretary, Dr. Geo. H. Grant, Richmond.

Treasurer, Dr. Albert E. Bulson, Jr., Fort Wayne.

Members of the House of Delegates of the American Medical Association; for two years—Drs. Edwin Walker, Evansville, and G. W. H. Kemper, Muncie. For one year, Drs. W. N. Wishard, Indianapolis, and D. C. Peyton, Jeffersonville.

Alternates—Dr. Wm. Flynn, Marion; Dr. A. P. Buchman, Fort Wayne; Dr. F. C. Kennedy, Shelbyville; and Dr. C. A. White, Danville.

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### NOTES OF THE MEETING.

The Society button designed by F. M. Gilbert was unique and admired by all the members.

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The private hospitals of Drs. Walker, Hayden, and Gilbert, were of special interest to the visiting surgeons, and carriages were in waiting for the surgeons who desired to visit those institutions.

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The beautiful home of Dr. and Mrs. Edwin Walker, of Evansville, was thrown open to the ladies attending the meeting, on the afternoon of Friday. The visiting ladies were also driven about the city and to the various parks.

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The general sessions were held at the Y. M. C. A. building, which, on account of the close proximity to a brick paved street, was too noisy until the afternoon of the first day when the police barred teams from the street by means of ropes.

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The officers of the Evansville meeting were as follows: President, Dr. A. W. Brayton, Indianapolis; vice president, Dr. J. B. Berteling, South Bend; secretary, Dr. F. C. Heath, Indianapolis; assistant secretary, Dr. W. H. Gilbert, Evansville; treasurer, Dr. Albert E. Bulson, Jr., Fort Wayne.

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The hotels of Evansville took care of the crowd very nicely. The St. George hotel, while worthy of considerable improvement in the way of paint and other decorations, is very comfortable, and withal very acceptable in spite of the fact that advantage was taken of the opportunity to raise the rates while the visitors were in the city.

President Brayton fulfilled the expectations of his friends in presiding at the Evansville meeting in a manner to add honor and dignity to the society and its long list of able presidents. He did, however, nothing more than his many loyal friends expected of him, for there is nothing that he attempts that he does not do well.

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Visiting physicians from surrounding States were much in evidence, and Louisville, Ky., had quite a delegation on hand to see how the Indiana doctors conduct their State society. They returned home highly pleased with the meeting, and in all probability with some good "pointers" on how to improve their own State society.

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The chairman of the committee on arrangements, Dr. Edwin Walker, of Evansville, did some great hustling in making arrangements for the meeting, and in coaxing out such a large attendance. At the close of the last session nearly five hundred physicians had registered, which is by far the largest registration seen at any State meeting. This registration does not include many medical men attending the meeting who claim towns in Kentucky or Illinois as their homes.

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The exhibitors were out in force, and the wares displayed proved an attractive feature for many of the members who constantly lingered in the exhibitor's hall adjoining the general session room. Owing to the extreme heat the exhibitors who served prepared foods in ice cream, or ice-cold sparkling lithia, had more than their share of visitors, but the supply of samples did not seem to run out, a fact that was duly appreciated by the thirsty and perspiring crowds.

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We regret to say that most of the visitors at Evansville were not highly pleased with the city from an artistic standpoint, though the cordiality and hospitality on the part of the citizens and particularly the members of the medical profession, makes up for any lack of artistic beauty. Of course, the weather was extremely humid and hot during the two days session of the society, and this probably had much to do with the complaint as to the impurity of the air, and general uncomfortableness. The city, however, presents many evidences of enterprise, as may be noted in the elegance and up-to-date appearance of many of the stores and business houses.



Commercial enterprises thrive, and the trade reports indicate a very large business in many lines.

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The invitations and programs at Evansville were beautifully engraved and very much admired. Among the special invitations accompanying the programs were those of the Vanderburg County Medical society for the reception on the steamer "Morning Star," the Crescent and Country clubs, for the privileges and courtesies of the club houses during the days of the society meeting, and the Drs. Walker, Hayden and Gilbert invitations to visit their institutions while in the city.

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Richmond has not much to offer in the way of entertainment, for she boasts of no rivers, lakes, or parks where visitors may be entertained. The Richmond medical profession, however, is active, progressive, and withal hospitable, so the members of the Indiana State Medical Society need have no fear that the 1903 meeting will not come up to the standard set by Fort Wayne, South Bend, Evansville, and others who have entertained the society in a truly praiseworthy manner.

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The society is to be congratulated upon its wise decision in re-electing Dr. F. C. Heath secretary. Migration has done much to increase the membership of the society, but no small amount of credit for the increase should be given Secretary Heath for his persistence in urging the formation of new societies, and the increase of membership in those already formed. He has performed the duties of his office in a faithful and efficient manner, and with the extended acquaintance which he now has all over the State, as a result of several years' tenure of office, it would be the height of folly for the society to place anyone else in this important chair which requires so much in the way of a knowledge of medical men and medical societies in the various portions of the State.

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Dr. C. S. Bond, of Richmond, representing the Wayne County Medical society, extended the invitation for the society to meet at Richmond in 1903. In his remarks attention was called to the fact that Dr. James F. Hibbard, of Richmond, who has been in active practice since 1840, but of late not able to bear the strain of medical meetings and necessary travel, would welcome the society to his home city. Dr. Hibbard has for many years been a familiar figure

at the meetings of the Indiana State Medical Society, and has been one of the society's staunchest supporters and most active workers. Dr. Hibbard is a graduate of Yale college, a New York graduate in medicine, a California forty-niner, Ohio college professor of pathology, president of the great American Medical Association at San Francisco in 1893, surgeon in the Civil war, necrologist for 200 of the State society's honored dead, a traveler in foreign lands, teacher and author, soldier, physician, and for 45 years the leading practitioner and first gentleman of Richmond, (where they are all gentlemen) it is but fit that the Indiana State Medical society should send him an annual message of love and friendship, and honor his declining years by meeting in his adopted city.—*Abs. Indiana Medical Journal.*

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#### ALUMNI ASSOCIATION OF RUSH MEDICAL COLLEGE.

The alumni of Rush Medical college have been offered a very entertaining program for commencement week, June 15-19. Aside from the regular graduating exercises and the annual alumni meeting there will be clinics at the college hospital on every day throughout the week, and evening entertainments in the way of receptions and theatre parties sufficient to suit all tastes.

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#### ASSOCIATION OF MILITARY SURGEONS.

The eleventh annual meeting of the Association of Military Surgeons of the United States was held in Washington, June 5-8, 1902. A program of 65 papers was carried out, most of the essayists being on hand and but few papers being read by title. The social features included a reception by the President and Mrs. Roosevelt, a reception by Major and Mrs. LaGarde at the Soldiers' Home, a general reception at the new Willard Hotel, and an annual banquet at the same hotel as a closing evening feature of the meeting.

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#### THE NOBLE COUNTY MEDICAL SOCIETY.

The annual meeting of the society was held in the parlors of the Albion house at Albion, Ind., on Tuesday, May 6. Aside from the election of officers the program included the following papers: "Apoplexy and Hemiplegia," by Dr. N. J. Shook, Kendallville; "Treatment of General Peritonitis," by Dr. H. A. Duemling, Fort Wayne; "Treatment of Diphtheria with Antitoxine," by Dr. F. N. Black, Ligonier. Those who attended the meeting report an interesting and profitable session.



## FORT WAYNE ACADEMY OF MEDICINE.

On Friday evening, June 6th, the Fort Wayne Academy of Medicine held its semi-annual special meeting at the office of Dr. G. W. McCaskey, who, by invitation, read a paper on "Tuberculin." After the meeting, the members and their ladies were delightfully entertained by Dr. and Mrs. McCaskey at their pleasant home.

The following officers were elected: Dr. G. M. Leslie, president; Dr. C. Bock, vice president; Dr. Ranke, treasurer; Dr. C. Wallace, secretary; Dr. J. A. Lomas, committee on program; Drs. Stemen, Dancer and Rhamy, executive committee.

The society amended its constitution so that any graduate from and including 1890 can become a member. Much interest is being taken in this society of young physicians and it is proving a great help to all members.

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## THE WESTERN OPHTHALMOLOGIC AND OTOLARYNGOLOGIC ASSOCIATION.

The annual meeting of this association, held in Chicago on April 10-13, was very successful from all points of view. The scientific sessions were well attended, and the papers of a high order of merit. The addresses on "Otology," by Dr. B. A. Randall, of Philadelphia, and "Ophthalmology," by Dr. F. C. Hotz, of Chicago, were scientific contributions worthy of these well known men and of great interest to the members of the society. Owing to the efforts of the secretary the membership was practically trebbled at the Chicago meeting. The local committee of arrangements gave a very enjoyable "smoker" on the first evening, and the society held its regular banquet on the second evening of the session. The place of meeting for 1903 will be Indianapolis, and it is expected that this meeting, on account of the largely increased membership and added interest, will be the banner meeting in the history of the association. The eye, ear, nose and throat men of Indiana are expected and no doubt will give substantial support to the enterprise.

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## THE INDIANA ECLECTIC SOCIETY.

The 38th annual meeting of the Indiana Eclectic Medical Association was held in the court house at Fort Wayne, Ind., on May 13 and 14. A program of 20 papers was partly carried out, but few of the essayists being present. The meeting concluded with a social session at the First Baptist church, followed by a banquet at the

Aveline hotel. The officers are as follows: President, O. S. Coffin, M. D., Carthage; first vice president, Carl G. Winter, M. D., Indianapolis; second vice president, John H. Forrest, M. D., Marion; recording secretary, M. F. Baldwin, M. D., Marion; assistant secretary, Zed Hawkins, M. D., Swayzee; corresponding secretary J. W. Kannel, M. D., Fort Wayne; treasurer, Q. R. Houss, M. D., Sellersburg.

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### THE ALLEN COUNTY MEDICAL SOCIETY.

At a regular meeting of the Allen County Medical Society held in the assembly room of the Court House, Fort Wayne, Tuesday evening, May 6, the following papers were presented: "My Experience in Obstetrics," by Dr. Wm. Enslen; "Report of Cases," Dr. C. H. English. In the former paper attention was called to some of the difficult cases in obstetrics which the essayist had encountered in his practice and the methods adopted as treatment. The report included histories of cases of severe post-partum hemorrhage, unusual presentations, abnormalities of the foetus, etc. Dr. English in his paper reported some interesting surgical cases, but particularly his experience with the X-Ray treatment of malignant growths, lupus, etc.

At the regular meeting of the society held on May 20, Dr. Alice B. Williams presented a paper upon "Displacement of the Uterus," and Dr. Mary A. Whery a paper upon "The Prevention of Laceration of Perineum." Both papers covered the subject very thoroughly and voiced the sentiment of most experienced surgeons who have this class of cases to treat.

At the regular meeting on Tuesday evening, June 3, Dr. C. E. Barnett reported a case of "Double Oophorectomy for Amenorrhoea," in which an unusually satisfactory result was obtained. The paper led to extended discussion on the part of the surgeons present, and the opinion seemed general that in a certain class of cases the treatment is to be recommended. A report of interesting cases by other members of the society followed.

Delegates to the Indiana State Medical Society were elected at the meeting of May 26, and Dr. Geo. L. Greenwalt was elected as a member of the nominating committee. Arrangements for the open meeting to be held at Robinson Park on July 1, will be announced by the committee later. No regular meetings of the society will be held during July and August, in accordance with usual custom.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,

47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,

107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### A JUST PUNISHMENT.

The *New York Press* of May 24 contains the news that the manager of a large and prominent drug store on Sixth avenue, New York city, was fined \$50 and costs for using another preparation in place of Fairchild's essence of pepsin in filling prescriptions calling for the latter preparation. The evidence went to show that substitution had been carried on for some little time, and the justice in commenting upon the offense said that in view of the seriousness of the offense a much heavier penalty would have been imposed but for the fact that the injured firm had recommended leniency by reason of its being the defendant's first conviction.

The punishment was none too severe and is what all substitutes should receive upon conviction. All reputable manufacturing firms, retail druggists, physicians, and even the people should be

interested in bringing to justice those who intentionally substitute an inferior article for one that is ordered and expected by the consumer. We hope that this good work will continue until every retail druggist will consider it as much as his life is worth to substitute a cheaper and inferior article in filling any physician's prescription.

A. E. B.

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### THE PHYSICIANS' DEFENSE UNION .

What was formerly known as the Physicians' Protective Association, of Fort Wayne, has legally changed its name to the Physicians' Defense Union in order to comply with the peculiar restrictions of the laws of some States with reference to companies of this character. We wish to inform our readers that a personal knowledge of the plans of organization and conduct of the affairs of this company warrants us in recommending it unreservedly to any physician who desires protection and defense in malpractice suits. Every physician, no matter what his reputation may be, or how large or how small his practice, is liable to be sued at any time for alleged malpractice. A contract with the Physicians' Defense Union compels the company to defend its policy holders in any and all malpractice suits to the extent of expenditure of \$5,000 if need be in order to secure acquittal of the physician. Under the terms of the contract the company cannot compromise the case nor make any settlement whatsoever excepting such as will free the defendant from the charges preferred, which if sustained mean a tacit admission of guilt and with it a certain amount of disgrace in the community. The Physicians' Defense Company, of Fort Wayne, offers at a reasonable price such a contract as every physician ought to carry, and those interested are requested to write the company for their circular giving full information. Our readers when writing are particularly requested to mention the *Journal-Magazine*.

A. E. B.

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### THE GOVERNOR OPPOSED TO PUBLIC HEALTH MEASURES.

If the present incumbent of Indiana's executive chair has done nothing else to warrant the ill-will of not only the medical profession but all right thinking individuals throughout the State, he has accomplished that end through his refusal to promptly and ade-



quately support the Indiana State Board of Health in its efforts to suppress smallpox in the counties in the southern portion of the State. The governor of Indiana has so far lost sight of the important features, including the financial interests in jeopardy, involved in the suppression of contagious diseases within the State, as to refuse to allow the State health officers to use an appropriation set aside for contingent purposes, in much needed efforts to stamp out smallpox in the counties along the Ohio river. By such action he has merited the disapproval of the State officers of Kentucky to the end that that portion of Indiana bordering upon the Ohio river has been quarantined by Kentucky, with the resulting large financial loss and inconvenience to the inhabitants of that district.

The governor insists that the infected counties themselves should pay all the expenses of quarantining, but forgets that the county health officers and others whose duty it is to enforce the law are frequently remiss in duty, and that in consequence the State authorities are compelled to take active measures, at no inconsiderable expense, to compel observation of the necessary restrictions.

If the question of humanity alone does not appeal to our governor, as it evidently does not, the pecuniary interest involved ought to influence him in a liberal policy toward the State Board of Health which is such an important factor to the welfare of the community.

We are very glad to note that the State of Kentucky has instituted quarantine procedures against Indiana, and sincerely hope that the quarantine will be continued until such time as the governor of Indiana has seen fit to lend his support to the necessary measures for the suppression of smallpox in the Southern tier of counties bordering on Kentucky, with the attending expense on the part of the State. We also hope that the people in the infected district will arise in righteous indignation and demand the rights which the governor with the exertion of his ill-timed commercial instincts has thwarted.

A. E. B.

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#### THE EVANSVILLE MEETING.

The 53rd annual session of the Indiana State Medical Society, held at Evansville, May 22 and 23, 1902, goes upon the record as

among the most successful meetings held by the society. Notwithstanding the fact that the meeting place was in the extreme southern part of the State, in the "pocket" on the Ohio river, yet a good representation of the membership from the northern part of the State was in attendance. This is only another evidence of the increased interest in the society that has developed within the past few years, or since migration was adopted to put new life into an organization that was almost dead. Nearly 500 Indiana physicians were registered at Evansville, and the membership of the society was increased by practically 100 names. Aside from this there was a splendid attendance from the neighboring States of Kentucky and Illinois, with the advantage afforded our Indiana members to form acquaintances and extend professional friendship among our neighbors.

The citizens of Evansville, and the medical profession in particular, left nothing undone that would add to the convenience, comfort or pleasure of the visitors, and it is more than probable that not a single attendant at the Evansville meeting returned home without having had a pleasant and profitable time.

The scientific sessions were up to the usual high standard of excellence, and out of 37 papers on the program 25 were read by the essayists in person, while out of the balance fully half could have been read by the essayists who were present had it been convenient for all to remain until the end of the final session. The address of Dr. Victor Vaughan, of the University of Michigan, was one of those entertaining and instructive talks, by an intensely practical though highly scientific man, in which laymen as well as professional men found interest.

President Brayton presided with grace and dignity, and won much praise for the prompt and decisive manner in which he expedited the scientific as well as business work of the society without slighting anything or injuring the feelings of the most sensitive. Secretary Heath, who has served as an efficient secretary for several years, is deserving of much praise for the indefatigable work displayed in interesting the various county societies and in encouraging a very substantial increase in membership, as reported in his proceedings for the year.

Of the social features much might be said in commendation. The evening boat ride on the majestic Ohio was a novel feature for the State Society and a new experience for many of its members. That it was thoroughly enjoyed by all goes without saying, for the



movement, the cool breezes after the hot sweltering day, the abundance of music, the liberal supply and variety of refreshments, the dancing and the charming society of Evansville's best people was sufficient to make the three hours' ride one long to be remembered. The visiting ladies were well taken care of, entertainment being provided for every moment of their stay.

In the election of officers for the ensuing year the society has chosen those we think are capable of conducting the affairs of this splendid organization in an efficient and creditable manner. Richmond, a city of 25,000 inhabitants, in Wayne county, has secured the meeting for 1903, and a personal acquaintance with many of the members of the local profession of that city warrants us in saying that the members of the Indiana State Medical Society can look forward to next year's meeting as one that will fully come up to the high standard set by many other cities in the State that have entertained the society in a manner all that could be desired.

A. E. B.

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### "LIFTERS AND LEANERS."

What a glorious thing it would be for the world as well as for the individuals living in it if each would recognize the fact that, barring accident and disease, a man usually gets in this life just about what he really deserves. The "other fellow's" prosperity and progress is not due to his good luck, but to his good, strong, continuous effort. If one waits for "good luck" to come his way he will probably be waiting still when his "summons comes," but if he goes after it and goes in earnest, he will fetch it.

I once knew of a man who said there were "just two things in this life he hated—harvesting and work." Such a man is of course always "in hard luck," because that is the kind of luck he deserves. Usually the man in "hard luck" may be said to be the man who is "waiting for something to turn up," while the man in "good luck" is the man who "turns something up."

Ella Wheeler Wilcox hits the nail pretty squarely on the head in the verses appended. There may be more classes of people in the world than two, but we are quite in accord with the idea that these are the principle classes:

"There are two kinds of people on earth to-day,

Just two kinds of people, no more, I say.

Not the sinner and saint, for 'tis well understood

The good are half-bad, and the bad are half-good.  
Not the rich and the poor, for to count a man's wealth  
You must first know the state of his conscience and health.  
Not the humble and proud, for in life's little span  
Who puts on vain airs is not counted a man.  
Not the happy and sad, for the swift-flying years  
Bring each man his laughter and each man his tears.  
No; the two kinds of people on earth I mean,  
Are the people who lift, and the people who lean.  
Wherever you go, you will find the world's masses  
Are always divided in just these two classes.  
And oddly enough, you will find too, I ween,  
There is only one lifter to twenty who lean.  
In which class are you? Are you easing the load  
Of overtaxed lifters who toil down the road?  
Or are you a leaner, who lets others bear  
Your portion of labor and worry and care?"

M. F. P.

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## NEWS NOTES AND COMMENTS

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PERSONALS.—Dr. Miles F. Porter, Fort Wayne, attended the graduation exercises at Bryn Mawr college, Penn., previous to going to the American Medical Association meeting at Saratoga. Dr. Porter has two daughters at Bryn Mawr, one of whom was a graduate in this year's class.

Dr. Maurice I. Rosenthal, Fort Wayne, who has recently recovered from a very severe infection received while performing a surgical operation, will go abroad this month for rest and recreation prior to resuming his surgical practice.

Dr. C. B. Stemen, Fort Wayne, has just returned from a month's outing in Colorado, where he visited his son, Dr. Geo. C. Stemen, a prominent practitioner of Denver.

Dr. Albert E. Bulson, Jr., Fort Wayne, attended the banquet given in honor of Prof. Haab, by the Chicago Ophthalmological Society, Monday evening, June 2. Prof. Haab is one of the distinguished ophthalmologists of Europe, is the author of a very valuable atlas of ophthalmology, and the originator of the famous Haab magnet. He is in America the guest of the Ophthalmological section of



the American Medical Association, and has been given a complimentary banquet by the oculists of New York city, as well as by the oculists in Chicago. Dr. Bulson had the honor of responding to a toast at the Chicago banquet, the other speakers being: Dr. Wm. H. Wilder, Dr. J. B. Murphy, Dr. Frank Billings, Dr. Wm. L. Ballinger, and Dr. Cosey Wood, with Dr. F. C. Hotz as toastmaster.

The following Fort Wayne physicians attended the Saratoga meeting of the American Medical Association: Drs. Miles F. Porter, Alpheus P. Buchman, Kent K. Wheelock, Edward J. McOscar, Geo. L. Greenwalt, Geo. B. Bower, Maurice I. Rosenthal and Albert E. Bulson, Jr.

At the Saratoga meeting papers were read by the following Fort Wayne physicians: Drs. Geo. W. McCaskey, A. P. Buchman, and Miles F. Porter. Dr. Porter also holds an important position as one of the trustees of the association.

The following physicians attended the Indiana State Medical Society at Evansville: Drs. Miles F. Porter, Albert E. Bulson, Jr., Kent K. Wheelock, Geo. L. Greenwalt, Alpheus P. Buchman, Edward J. McOscar, Chas. Bock.

Dr. Carrithers Calvin, of Fort Wayne, left the latter part of May for California where she will remain for several months in the hopes of benefiting her health. Her practice has been left in charge of Dr. W. D. Calvin.

Dr. N. L. Deming, Fort Wayne, has added a complete X-Ray outfit to his office equipment, and is doing considerable work in the line of X-Ray treatment of malignant growths.

Dr. B. V. Sweringen, Fort Wayne, is making some very extensive alterations in his residence, and adding his office to the basement. A well equipped laboratory and operating room will be a part of the office appointments.

Dr. A. J. Kessler, Fort Wayne, announces his recent marriage to a lady of Southern Ohio.

Dr. W. F. Schrader, Fort Wayne, has sufficiently recovered from his long and tedious illness to enable him to resume his practice.

Dr. W. H. Nusbaum, of Auburn, is advertising in the Journal of the American Medical Association for a physician to take his practice and says he can convince the purchaser that he has the most remunerative practice in Northern Indiana.

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PURDUE UNIVERSITY.—We desire to again call attention to the pre-medical course of Purdue University advertised in this number.

Those interested are requested to write the president of the university for a catalogue and other information.

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FORT WAYNE COLLEGE OF MEDICINE.—The announcements for the Fort Wayne College of Medicine for the session of 1902-03 are now being mailed, and physicians or prospective students who do not receive a copy are asked to drop a postal card to the secretary, Dr. S. H. Havice, Fort Wayne, Ind. The announcements show that the course of study has been lengthened from six to seven months, and that the line of study for the four years has been somewhat improved upon. Several new professors and instructors have been added to the faculty, and the college is purchasing much new equipment to be used the coming year in the various laboratories.

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NEW COLLEGE BUILDING AT INDIANAPOLIS.—The Central College of Physicians and Surgeons, Indianapolis, is erecting a building to meet the increased requirements of the school for the most approved laboratory instruction and investigation. The building is to be all brick, stone and steel, three stories and a basement, with a total floor space of about 24,000 square feet. The building will be lighted by electricity and heated by steam, the power and heat furnished from a room on the rear of the premises, thus eliminating the immediate cause of fire and annoyances incident to a boiler plant in the basement. Special attention has been given to the ventilation of all rooms and laboratories, the exhaust fan system having been adopted as most efficient for the purpose.

The front half of the basement is devoted to dispensary purposes with large clinic rooms for each department. The remainder of the basement is occupied by recreation rooms, toilet rooms, bicycle rooms, corridors, and a cold-storage room for the accumulation and preservation of dissecting material by the ammonia process.

The first floor is occupied by the reception room, secretary's office, faculty room, a large, well-lighted study room for students' use, the custodian's room, museum, faculty toilet, and two lecture rooms arranged with a rolling partition between, permitting their being thrown together on occasion.

The second floor is devoted to laboratories for instructions in histology, bacteriology, and pathology, with necessary rooms for preparation and private research.

In the third story are the chemical, physical, and anatomical



laboratories and complementary rooms for apparatus, private research and preparation. The building will be completed for the opening of the first term of the coming season.

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EARLY PHYSICAL SIGNS OF PHTHISIS.—In a clinical lecture delivered by invitation at the Northwestern University Medical school at Chicago, Dr. V. C. Vaughan said that of the early physical signs of phthisis the one upon which he laid more stress than any other is feeble inspiration over the apices and prolonged expiration. When this sign is accompanied by a loss in weight, an afternoon elevation in temperature, especially increased by slight exercise, Dr. Vaughan believes that the chances are ten to one that the individual has tuberculosis. The diagnosis from these signs and symptoms is frequently made before tubercle bacilli are discovered in the sputum.

In the treatment of a consumptive patient Dr. Vaughan believes in good feeding and rest, rest in the pure air, lying out of doors, properly protected from inclemencies of the weather. He considers the feeding of a consumptive patient an important consideration, and recommends a diet something like this:

Early in the morning, say seven o'clock, before the patient leaves his bed, give him something to eat—lightly boiled eggs, toast, a glass of cream; nine o'clock, porterhouse steak, rolls, potatoes, cup of coffee; one o'clock, dinner, beginning with either vegetable or meat broths, boiled or baked meats, as much as the patient will take, vegetables (a regular dinner.) Then, at three or four o'clock, egg-nog, or a glass of wine, crackers, toast, etc. At seven o'clock, (supper)—good steak, potatoes, coffee. In other words give the patient five or six meals a day. Unfortunately many of our hospital patients cannot be fed in this way. The food must be well prepared, and it is surprising the large amount, after a few weeks of training the patient will eat.

## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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TREATMENT OF RINGWORM.—G. T. Jackson, *Medical Record*, vol. lxi, No. 5, p. 164, Feb. 1, 1902.

At the Vanderbilt Clinic, in which a large number of cases of ring worm are treated every year, a preparation composed of one drachm of crystals of iodine to an ounce of goose-grease has proven to be the most effective remedy. It is applied twice a day until it produces a reaction, as shown by a little swelling of the patch; then once a day is sufficient. In two or three weeks the hair falls from the patch, but it grows again, after which the affected area is restored. The first application of the remedy may cause a little pain, but this lasts only a few minutes, and even children do not complain. When used upon the bearded portions of the face, the applications are more painful than when the scalp is the part treated. If much reaction occurs, the remedy can be suspended for a day or two, substituting some bland ointment. Many cases of ringworm of the face have been cured in three weeks. The goose-grease is regarded as an essential in the preparation of the ointment, and this is sometimes difficult to obtain, as commercial samples of goose-grease are often made from other fats which have a low melting point.—*Amer. Med.*

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TREATMENT OF NEURASTHENIA.—Romme accepts De Fleury's division of neurasthenia into the two classes, with arterial hypertension and with hypotension. The subjects of the first group have an intoxicated nervous system. Their entire organism is loaded with the refuse of interstitial nutrition. The heart is exhausted and has become hypertrophied in the effort to overcome the resistance in the



peripheral vessels. The stomach is hyperpeptic. The great indication is to clean out the organism, the blood and the tissues. A milk diet will afford great relief in a few days. The milk should be given at first about seven times a day, mixed with one-third of some alkaline water. Massage, hot douches, and static baths will be found useful, possibly supplemented by exercise, steam baths and pilocarpin to stimulate the functions of the skin. If the stomach proves rebellious, 50 to 100 gm. of artificial serum may be injected subcutaneously every day or alternate day. In both these groups the meals should be taken without a beverage of any kind. In the neurasthenia with hypotension the indications are to augment the strength. Four light meals should be taken, and repose should be enforced instead of exercise. The patients sleep better at night after a nap during the day. Among the tonic measures recommended are salt and sulphur baths, cold or hot douches, deep massage, inhalations of oxygen, ozone and compressed air. But the tonic par excellence is the subcutaneous injection of small amounts of a saline solution increasing from one to two gm. at first to four or ten gm. He prefers the formula; 1 gm. each of sodium sulphate, sodium chlorid and sodium phosphate in 100 gm. of water, with 50 cg. of phenic acid. These injections are particularly beneficial in amyasthenia, genital asthenia with hyposecretion and in cases of a tendency to torpor, fear or melancholy.—*Jour. A. M. A.*

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THE ETIOLOGY AND SPREAD OF TYPHOID FEVER.—By Victor C. Vaughan in the *Journal of the American Medical Association*.

Vaughan discusses the etiology and spread of typhoid fever. He first considers the relation of the typhoid bacillus to the disease and states that he has no hesitation in replying that the bacillus of Eberth is the specific cause of enteric fever, but contends that he has found no means of differentiating the colon from the typhoid groups of micro-organisms and further that he has never found in any sample of drinking water the typical Eberth bacillus. He describes the various ways by which the typhoid bacillus is eliminated from the body. He believes that the exhaled air from the typhoid patient is germ free except when pneumonia complicates enteric fever, under such circumstances expectorated matter may be a source of contagion. He thinks that there is no positive evidence showing that the perspiration of a typhoid subject contains the specific bacillus. The bacilli are contained in the urine and they

may be present in the absence or presence of albumin. The important avenue of elimination from the body is through the bowel and he mentions that contaminated feces constitute the most important source of spread. He also discusses the longevity of the bacillus and points out that experimental and epidemiological evidences show that the bacillus may retain its vitality and remain a source of danger for weeks and months. He points out that enteric fever may be transmitted by man directly, he may carry the virus in his alimentary tract or in his clothing and in this way the germs may be carried hundreds and thousands of miles and be widely distributed. Dissemination through the air by means of dust, he thinks, has been clearly demonstrated. He states that the spread of the disease through drinking water constitutes a most important method of dissemination. The infectious agent is frequently carried on the clothing of nurses and attendants. He also considers the dissemination by flies and finally discusses some of the predisposing causes—season, age, sex, fatigue, cold and other diseases.

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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PURE CARBOLIC ACID FOR CARBUNCLE.—Manley adds his favorable indorsement to those who advocate and practice in cases of carbuncle the deep hypodermic injection of pure carbolic acid. In the earliest stages an injection of one of three drops is sufficient, but in the active suppurative stage repeated injections of a large quantity, 15 to 20 drops at a time, are required. This method is not painful, and no toxic symptoms follow. Free stimulation, tonics, and a nutritious diet play an important part.—*New Albany Med. Herald.*

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SMALL FOREIGN BODIES.—Whenever a foreign body has been swallowed, it may be removed by an emetic, or by gastrotomy, or it may be allowed to pass through the intestinal canal. If the body is of such size and form that it may be vomited, it is always safest to cause the patient to eat some pultaceous food, like oatmeal, before causing him to vomit. If the body, though small enough to pass



readily through the esophagus, is sharp, such as a pin or other small sharp article, give plenty of bulky food and trust that it may be passed. Large bodies must be removed through the stomach walls.—*Int. Jour. Surgery.*

(With the second clause in the above we cannot agree. Any foreign body which can be ejected by vomiting with safety can be more safely and more surely passed per rectum. As a general rule when foreign bodies have been swallowed the safest course is to feed the patient bulky food with a view to wrapping up the body as it were and avoid both emetics and cathartics.)—Ed.

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THE INDICATIONS CALLING FOR OPERATIVE INTERFERENCE IN GALL-STONES.—In the *Medical Record* of April 19, 1902, Carl W. Strobell makes some pertinent remarks anent the above. Among other good things he says: "In my judgment, the present medical treatment for gall-stones is absolutely not curative, but merely palliative in its effects. I do not believe in the theory of the disintegration of gall-stones within the gall-bladder or ducts by medicinal agents." He divides the indications for operation into elective and imperative. By the elective indication he means the mere presence of gall-stones without complications. He considers operation in this class of cases to be as safe as interval operations in appendicitis. By the imperative indication he refers to acute inflammatory conditions due to bacterial infections. "The indications in all these conditions are immediate section and drainage, particularly if there is a distended gall-bladder, threatening rupture, with all that this implies. The symptoms are pain and tenderness in the right hypochondriac region, elevated temperature, rigors, jaundice, fullness, and perception of a globular body, by palpation, in the gall-bladder region, and rigidity of the overlying abdominal muscles.—B. B. Davis, Omaha.—*Western Med. Review*, May 15, 1902. ....

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THE TREATMENT OF OBSTRUCTION OF THE BOWELS.—In the treatment of obstruction of the bowels there can be no question according to H. C. Dalton (*American Journal of Surgery and Gynecology*), as to the urgent necessity of immediate surgical interference. Dalton says that he can not too strongly condemn the use of opium or purgatives in cases where we have the least suspicion of obstruction. The use of opium simply obscures the symptoms by deadening the pain so that peritonitis becomes so far advanced as

to render operative interference almost useless. Purgatives, of course by adding to the bowels peristalsis, aggravate the condition, and not only make the obstruction more acute, but cause vomiting and thus increase the shock. Dalton says he believes it is the duty of the medical attendant to withhold all opiates and purgatives when called to a patient suffering with abdominal pain. It is extremely difficult, however, and perhaps heartless, to stand by and allow a patient to suffer excruciating pain while waiting developments. He says he is persuaded that it would be far better to use simple hypnotics and soothing local applications until we are convinced that we do not have to deal with the simple colic. The only exception to this rule is when we have good reason to believe that our patient is suffering from a hepatic or renal colic. The location of the pain and the previous history of such attacks in these conditions would be a good guide and enable us to draw a fairly safe conclusion. If the use of the hypnotics, warm applications, and high rectal injections does not relieve the condition after a few hours' trial, the only wise course to pursue is to perform abdominal section.

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

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OSCILLATION OF THE EYE AS TREATMENT FOR INTRA-OCULAR DISEASE.—Dr. S. B. Muncaster, in the June *Ophthalmic Record*, gives his experience in the treatment of chronic intra-ocular diseases, such as atrophy of the optic nerve, choroidal troubles, etc., with a new specially devised machine called the ophthalmo-oscillator. The method consists in causing an oscillation of the eye forward and backward in such a way that the forward movement is made by intermitting vacuums produced in a cup which is placed over the eye, and the backward movement is caused by the eye being pulled back by the elasticity of the tissues. The oscillation of the eye, produced in this manner, causes alternate stretching and relaxation of



the nerves attached to its posterior portion, powerfully stimulating increased nutrition and light perception.

Some striking results following the treatment are reported. In a case of double atrophy of the optic nerve in which vision in each eye was practically 1-200, and resisted all other forms of treatment, the improvement under two months use of the ophthalmic oscillator resulted in an increase of the vision to practically 6-200 in each eye. In another case showing large choroidal patches in each eye, with vision less than 1-200, two months' treatment with the ophthalmic oscillator resulted in an increase of the vision to 8-200. Previous treatment with medicine had been without benefit. Other similar cases with good results are reported. In conclusion the author states that in the hands of a careful ophthalmologist the ophthalmic oscillator is of value, but with an inexperienced person much damage may be done.

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BAD EFFECT OF THE SO-CALLED ABSORPTION TREATMENT.—In a letter to the *Ophthalmic Record* for June, Dr. J. W. Wright calls attention to his unfortunate experience in operating for cataract on patients who have received what is known as the "absorption treatment" for that affection. In all instances that he calls to mind the cornea has been friable, the capsule unusually sensitive to manipulation, the vitreous fluid, and all in all the conditions have led him to conclude that the absorption or resolvent treatment prescribed by quacks and charlatans is very injurious to the integrity of an eye which must later undergo an operation for the extraction of the lens. So satisfied is he of this opinion that he is advising his physician friends as to the danger, and advocates advice to patients regarding the harmful effects of such treatment. Dr. Wright says that he is not in a position to explain why the treatment is injurious, but has found by experience that the patients who have taken the treatment have been injured through no other discoverable cause.

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LARGE GROWTHS OF THE POSTERIOR TURBINAL TIPS.—Dr. J. F. Barnhill, in the *May Medical and Surgical Monitor*, reports two very interesting cases of excessively large growths of the posterior turbinal tips, that because of their size, intensely hard structure and difficulty of removal without risk of hemorrhage, are worthy of notice. The first case required two hours of careful work and the destruction of two or three snares of well-known pattern before its removal was accomplished. A similar experience followed in the

second case, notwithstanding the fact that a specially constructed snare had been secured for the operation. The tumor was finally removed after one and one-half hours' labor, and no hemorrhage followed. In both cases the tumors produced almost complete obstruction, with all of the ill-effects caused by mouth breathing. The author also mentions a third case in which a fibro-myxomatous tumor measuring 2 1-2 inches in length and one inch in thickness was removed by means of the wire snare.

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OCULAR PAIN, ITS SIGNIFICANCE, VARIETIES AND TREATMENT.—Percy Dunn says that generally speaking pain is an invaluable symptom. It teaches us many important lessons and provides us with many a clue to treatment. This is especially the case in glaucoma and in iritis; so, also, to a great extent, in ocular affections generally, except in diseases of the fundus of the eye, which are not painful. Very little pain occurs in connection with conjunctival troubles. The cornea on the other hand, is exquisitely sensitive, and the slightest irritation evokes great pain. Corneal lesions leading to photophobia give rise to pain, and in most of these cases we find blepharospasm due to a minute corneal ulcer. In these latter cases the patients should be encouraged to open their eyes voluntarily as far as possible. Locally the eye should be cleansed twice a day with a 1-4000 chinosol solution, and atropin with cocaine be dropped in. Internally, we should order arsenic and quinine. The pain of specific iritis calls for leeches to the temple, early use of atropin to prevent posterior synechiae, and, for the constitution, mercurials. For rheumatic iritis, nothing relieves the pain so quickly as the old fashioned bran poultice. Pain in eyes which are atrophied may call for enucleation of the affected globe. The pain of glaucoma calls for iridectomy.—*New York Med. Rec.*

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ENZYMOL IN THE TREATMENT OF PUS CASES.—In an article entitled "Physiological Solvent in the Treatment of Pus Cases," by Dr. C. E. Munger, in the *Boston Medical and Surgical Journal*, of January 3, attention is called to the action of gastric juice as a solvent for pus and broken down tissue, and its well known antiseptic and bactericidal properties. The proteid matter of suppurating tissue is in its nature quite as responsive to enzymic action, and is even more penetrable than ordinary masses of food. An artificial solvent having similar action to gastric juice is found in enzymol, which, when employed with an equal volume of water, converts



broken down tissue and pus by enzymic action into soluble substances which are readily removed by irrigation. The preparation exhibits marked action as an antiseptic and deodorizer, and its use is unattended with irritation or uncomfortable action upon healthy tissue. The essayist particularly recommends the 50 per cent. enzymol solution in suppurative conditions of the middle ear and mastoid, and in any diseased cavities, sinuses or fistulae, or wherever there is found broken down tissue—bony, lymphoid, muscular, or cellular.

(The editor can heartily recommend a 50 per cent. enzymol solution in suppurative conditions of the middle ear and mastoid. An experience of several months, and in a large number of cases, warrants the assertion that this preparation has the power of destroying pus and broken down tissue more quickly and thoroughly than anything else, and without injury to healthy tissue. In either middle ear or mastoid suppuration the preparation should be injected through the fistulous opening and allowed to remain in contact with the tissues for from 10 to 15 minutes before being removed by irrigation. Aside from this, best results will be obtained by frequent and repeated applications of the remedy.—Ed.)

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## BOOK REVIEWS.

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PROGRESSIVE MEDICINE.—A Quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Medical College Hospital, etc., assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Vol. I. March, 1902. Surgery of the Head, Neck, and Chest—Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia, and Influenza—Diseases of Children—Pathology—Laryngology and Rhinology—Otology. Lea Bros. & Co., Philadelphia and New York. 1902.

The March number of this serial publication comes to us with the usual list of valuable digests of progress in certain departments.

This volume includes surgery of the head, neck, and chest, by D. C. H. Frazier. Infectious diseases, including acute rheumatism, croupous pneumonia, and influenza by Dr. F. A. Packard. Diseases of children by Dr. F. M. Crandall. Pathology by Dr. Ludvig Hektoen. Laryngology and rhinology by Dr. St. Clair Thompson. Otolology by Dr. R. L. Randolph.

A careful study of the different sections shows a great many points of practical interest to both the specialist and the general practitioner. To the latter, the exceedingly important question of the carriers of infection by the lower forms of animal life, though brief, is highly commended. The information should find a practical application in the daily routine work of every general practitioner.

A report of a carefully studied fatal case of typhoid fever without any discoverable lesion of the intestinal tract or even a swelling of the Peyer's gland or the follicles is of marked interest. The case appears to be indubitable in character. There were five other cases in the family, the Widal reaction was obtained promptly, and the typhoid bacillus obtained from the spleen at the autopsy.

Of interest also are the references to cases of "typhoid pleurisy," abscess of the lung, and empyema, cholangitis and cholecystitis, together with many other similar instances of local expressions of a general infection. The treatment of typhoid fever by the use of organic extracts is again referred to, and while too early to express any positive opinion the subject is undoubtedly one entitled to further consideration.

Altogether the volume is one of unusual interest and together with the series of which it forms a part should have a place in the library of every progressive physician.

G. W. M.

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THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS.—Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Chicago. The Year Book Publishers. 40 Dearborn street.

The series comprises ten volumes and is sold for \$7.50. The price of the separate volumes varies from \$1.25 to \$2.00. The type, paper, binding and illustrations are good and the volumes of convenient size for carrying. The primary object of the editor is to place before the general practitioner in a convenient form the advances in every department of medicine and surgery.



Volume IV. Gynecology, edited by Emilus C. Dudley, A. M. M. D., professor of gynecology, Northwestern University Medical School, etc., with the collaboration of William Healy, A. B., M. D. March, 1902.

Volume V. obstetrics, by Reuben Peterson, A. B., M. D., professor of obstetrics and gynecology in the University of Michigan and Henry F. Lewis, A. B., M. D., instructor in obstetrics and gynecology in Rush Medical college, April, 1902. Both volumes are very creditable, and he who reads them will not have spent his time unwisely. M. F. P.

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INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia., U. S. A., with the aid of eight Collaborators and numerous Correspondents. Vol. I. Twelfth Series, 1902. Philadelphia. J. B. Lippencott Comnapy.

The preceding volumes of this valuable quarterly have been reviewed in this journal, making our readers fairly familiar with the general character of it. We prefer therefore, in the review of the volume before us, to allude to those features that are peculiar to it. Under this head come illustrated biographical sketches of S. Weir Mitchell and John A. Wyeth, with which the book opens, and articles on the eightieth birthday of Rudolph Virchow and the death of President McKinley, respectively with which the book closes. An article by Arthur V. Meigs on the use of opium in daily practice is especially timely, as the tendency is now and has been for some time to underestimate the value of this drug. A very concise review of Edebohls article on the cure of chronic Bright's disease, which is given on page 262 will serve to bring this promising method of treating this malady more clearly and forcibly before the profession. Clark's method (trimanuai) of percusscion for the detection of cystic fluids in the abdomen and pelvis is described and illustrated. Altogether the book is fully up to the standard of those preceding it and is well worth buying.

The fourth volume of the eleventh series of this quarterly was,

through mistake, taken from the reviewer's table and placed on the shelves before it had been reviewed. This accounts for the fact that the volume received no notice until now. Even at this late date, however, we desire to call attention to two articles contained in the volume which we regard as especially valuable, viz: Remarks on strychnine by A. Jacobi, and deformities in children, from the standpoint of the general practitioner by John Madison Taylor. The latter is illustrated by blackboard sketches by the author, and viewed from all points, is one of the most important papers that has appeared this year. What a world of good would come of an early recognition and correct interpretation of deformities in children.

M. F. P.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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V\*L. XXII.

JULY, 1902.

No. 7.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### ACUTE LOBAR PNEUMONIA. \*

By DR. E. H. GRISWOLD,  
Peru, Indiana.

There are various definitions of lobar pneumonia, but that of Osler is the most concise and the most nearly true. He defines it as "an infectious disease characterized by inflammation of the lungs and constitutional disturbance of varying intensity." This is certainly remarkable for its conciseness, but it does not seem to convey the author's full meaning. It occurs to me that a better definition would be: An infectious constitutional disease characterized by inflammation of a part or whole of one or more lobes of the lungs, which is the local manifestation or expression of the disease. That it is a constitutional disease with a local manifestation, and not a local disease with a constitutional manifestation, I believe to be true; but from the definition of Prof. Osler, either proposition might be accepted as his meaning. In his late work he says it is an infectious disease characterized by inflammation of the lungs, toxæmia of varying intensity, and a fever that terminates abruptly by crisis. And in his continued discussion of the subject the reader is con-

\*Read before the Indiana State Medical Society, at Evansville, May 22, 1902.

tinually impressed with the idea that he is dealing with a constitutional disease as specific in character as any of the well known constitutional infectious diseases.

It is not the intent of this paper to enter into an exhaustive recital of the etiology, morbid anatomy, symptomatology, physical signs, complications and statistics of this disease; but to discuss more fully the nature of lobar pneumonia whether primarily constitutional or local, and consequently the more rational treatment therefor.

The above will be referred to only in so far as each subject bears evidence upon the subject matter under discussion.

Etiology affords some very positive evidence as to the constitutional character of this disease. Age, sex, race, social and personal condition, etc., we recognize only as contributory causes; but some pathologic entity as a specific cause is well established; whether it be the micrococcus of Pasteur and Sternberg or the diplococcus of Fraenkel and Weichselbaum is not absolute, but the preference is given to the diplococcus pneumonia as the sole cause of genuine acute lobar pneumonia. Although Fraenkel has determined that the coccus of sputum septicæmia of Sternberg and Pasteur is the most frequent organism found in acute pneumonia. If we accept either or both of these micro-organisms as the prime etiological factor, then we have the fact of their distribution in the body as most positive proof of the constitutional nature of this disease. It is found widely distributed, and is said to be not only the cause of lobar pneumonia, but of primary and secondary broncho-pneumonia, of pleurisy, peri and endocarditis, peritonitis, synovitis, meningitis and otitis.

Osler says an acute general infection with micrococcus lanceolatus without localized foci may prove rapidly fatal, and reports such a case from Townsend, in which the organism was found in the blood, lungs, spleen and kidneys. If this be all true, then is it not a most reasonable conclusion that infection by the several diseases attributable to it, are but local expressions of this infection?

Clinically we have substantiating evidence of the constitutional character of this disease, in that it runs a well defined course, and is as primarily a self limited disease as any of the exanthematous diseases, and the local lesions bearing no definite proportion to the constitutional manifestations.

The symptomatology presents a more pronounced type of



acute general infection than any other with which we are familiar. The pronounced chill, high temperature, full bounding pulse, increasing rapidity of respiration, with anxious countenance, all indicative of the profound constitutional disturbance consonant with and sometimes before a local lesion is manifest. Pain may inhibit the respiratory rhythm, but as the disease advances respiration is more rhythmical, but more rapid, the rapidity not proportional to the area of lung involvement, but to the constitutional manifestation, as evidenced by the fact that when the crisis appears the respiration may return to normal or nearly so, although the area of lung involvement is the same or may be even greater than in the first stage of consolidation. This is *prima facie* evidence of a profound toxæmia, self limited, running a well defined course.

The disease is so readily recognized that a discussion on diagnosis is deemed unnecessary as not pertinent to the purposes of this paper.

The prognosis is so grave that it behooves the profession to recognize or determine the true nature of this disease in order that the most rational treatment may be applied to lessen its severity, thereby increasing the possibilities of a favorable termination in a larger percentage of cases.

Of prophylaxis little can be said except it is advised in this as in other infectious diseases, and disinfection may be a probable helpful measure. However there is no known treatment or mode of living that will secure immunity, and like other acute infectious diseases, it attacks the strong and robust as well as the weak, and often with as dire consequences.

Prof. Osler says pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command. This I firmly believe to be true, however much many practitioners in times past and present claim to the contrary.

Clinical experience has shown that it is self-limited, but its duration uncertain within certain limits, as it may terminate favorably or unfavorably any time from the first to the twelfth day; sometimes without treatment and possibly unmodified by it.

Fifty years ago physicians have said that with plenty of veratrum pneumonia patients need not die. If this were a fact it would have long since become such a well established factor in treatment of pneumonia that he who should now withhold it from his patient would be guilty of mal-practice. The lance, which once was highly

lauded, found its legitimate place. These like many other specifics have only proven helpful but do not cure.

All the varied treatments for the past fifty years, with the help of the crowning glory of the nineteenth century, the achievement in bacteriology and microscopy, have not changed the mortality rate.

We have before spoken of a rational treatment and that if the treatment be rational it must be based on a proper conception of the true nature of the disease.

If it be a specific constitutional infection we must discard from our armamentarium all so called abortive measures as not only useless but harmful, and rely upon such methods and medicaments as are most helpful to the physical economy in resisting and eliminating the specific toxins, until some remedy has been produced that is known to be positively antagonistic to and abortive of this specific ferment. With this conception of the disease our rational treatment should be eliminative, palliative or symptomatic, supportive and specific.

Elimination—First that we should remove from the avenues of infection, if possible, every element of prime and complementary causative factor. What the avenue, we do not know, but we do know this: That the mouth is the natural habitat of the pneumococcus and that with the great quantity of saliva swallowed in every twenty-four hours, a larger number of the cocci are probably carried into the intestinal tract than into the respiratory tract. Therefore the entire intestinal tract from lips to anus should be cleansed, and as near as possible rendered aseptic, and maintained so throughout the disease. The most valuable means of doing this is by a calomel purge followed by small and frequently repeated doses of some valuable intestinal antiseptic such as menthol, thymol, guaiacol, and salol, and maintaining free action of the bowels daily with calomel and podophyllin, or a saline, or both. See that the mouth and nose are kept clean with some valuable antiseptic wash.

The second element in the process of elimination is attention to the diet, the drink, the kidneys and the skin.

Food should be so easily digested that little residue may remain from which poisons may be absorbed before ejection. The drink should be liberal to supply the overheated and exhausted boilers with fresh water from which to make steam. In other words to supply the body elements with their greatest and most necessary component, water, under this most trying circumstance of rapid destruction or consumption of tissue.



To supply the avenues of elimination, the bowels, kidneys, skin and lungs, with their most needful element; liquifaction of excrement. Primarily to liquify or dilute the blood which is overcharged with fibroplastic elements. The saline injection should be of undoubted value as an aid to this accomplishment.

If the skin is dry and harsh its respiratory function should be encouraged by mild antipyretics and diaphoretics and by the sponge bath.

The resort to palliative measures and symptomatic treatment must be exercised with very great care. However, the patient must be made comfortable to conserve the vital forces. If the pain is great, the pyrexia high, the pulse full and strong, small doses of Dovers powder and acetanilid combined will produce happy results. But if depressents are contraindicated hypodermics of morphine alone should be given; unless the exudation is so profuse as to embarrass respiration, as is sometimes the case, then atropia may be combined.

As to local applications the choice between cold and heat is a matter of individual preference. I prefer the local application of some highly hygroscopic substance, glycerine, combined with moderate heat. If the cough proves a disturbing factor without proportional expectoration, it should be controlled. For the insomnia which is often pronounced, bromides sometimes combined with chloral are indicated.

Supportive—I again mention diet and drink as the first and most important. After the third day strychnine and some form of ammonia should be given and continued through the entire course of the disease. When cerebral intoxication supervenes, whisky should be added. Digitalis may be symptomatically administered, but not as a routine.

For specific treatment, which is not the least by any means, I have simply to say, that for toxaemias dependent upon the whole cocus group, we have in the salicylate and benzoate of soda the most potent remedy. The salicylate of soda either alone or combined with the benzoate should be given with the earliest appearance of the disease and continued throughout its course. They seem to combat specifically, in some way we know not of, but most probably and more potently in many ways, namely; aiding alkalinity of the blood, exciting glandular secretion and excretion, thereby hastening elimination through the kidneys, skin and mucous surfaces

and by increased elimination or neutralization of toxins to promote cell activity. While it is not a specific in the sense of the full meaning of this term, I believe it to be the most potent antagonist to the pneumococcus or its toxins at our command, and that by its use a favorable termination may be obtained in a larger percentage of cases.

It were well here to add some reference to that valuable and indispensable complement to the whole treatment—environment. A large and well ventilated room should be provided with a south exposure if possible. The temperature of the room should be maintained at about 65 degrees F., and the patient as far removed from all external disturbance as possible, particularly the visitations of friends and relatives. In fact it were better that none but the nurse and attending physician be admitted to the room. I do not believe in dernier resorts. If the patient has plenty of fresh air, with proper stimulation from the beginning, oxygen inhalation will seldom, if ever, be indicated.

I have been tempted to use the saline solution, but for want of sufficient clinical evidence in its favor as a means of determining a crisis I have not done so, and with no reason to regret it. One particular case of extreme condition and low vitality, after passing the ninth day without a crisis, I felt would die. At my last visit in the evening I told the nurse if the crisis did not appear before the expiration of the next twenty-four hours I should use the saline solution. During the following twelve hours the crisis came and had the solution been used I should have given it most, if not all, of the credit, and had my confidence established in its efficacy.

Finally let me say we have in pneumonia a specific infection to treat and not a local condition, and the results will be largely determined by personal equation. We should never despair of a favorable termination, nor become frightened and resort to promiscuous, if not harmful, medication; for some will die in spite of our best efforts, and some recover regardless of treatment.

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## PLEA FOR AN EARLY OPERATION IN APPENDICITIS. \*

By L. G. BOWERS, M. D.  
Richmond, Ind.

The decisive time to operate in appendicitis is in the first twenty-four hours, or as soon as diagnosis is made; especially if diag-

\*Read before the Indiana State Medical Society, at Evansville, May 23, 1902.



nosis is made within the first thirty-six hours. I also believe we are justified to go a step farther in some cases and perform an exploratory operation before we can make an absolute diagnosis. I think that it is better to be wrong in one or two per cent. of the cases than to lose five per cent. while waiting to make a certain diagnosis.

When appendicitis was first recognized or described as a distinctive disease, operations were resorted to only in emergency cases or where resulting localized abscesses were evacuated. Then, the mortality of all cases was about 20 per cent. And this does not take in consideration those treated medically and who die of appendicitis, which were not recognized as such, but treated as peritonitis or inflammation of the bowels, etc.; which in most cases of males and a considerable percentage of females was appendicitis.

I call attention to these early conditions, because even at the present time psuedo conservative physicians say we cannot with certainty decide what can be done with these early cases, if left to them medically, which means rest and the use of anodynes. As there has been no advance in medical treatment, for what reason should we expect the mortality less now than formerly? The operation for appendicitis should be performed early. Why should it be performed early? Why not wait developments to see whether the case grows more serious or if it aborts?

We meet this by asking: "Can you say in a given case whether it will be better or worse to-morrow?" Can we tell whether there will be a perforation and free pus in the abdominal cavity? The fact is, the case may be better one day and worse the next, and if we operate as the last resort we may find on opening the abdomen; adhesion, walled abscess or not, and possibly gangrene. That is, an early operation saves a patient from those dangerous complications such as formation of adhesions, infections from pus or from general sepsis and death. Again I find that patients who are willing to be operated during an attack, will many times refuse an interval operation, hoping they will not have a recurrence. So that our only way to save them from another dangerous attack is by a timely operation.

Dr. Porter says, that in his experience five per cent. of his abscess cases require a secondary operation for obstruction, fistulae, etc. Drainage is necessary in these cases and this conduces to hernia and the secondary operation for hernia in the hands of the best operators causes a mortality of one per cent.

I have seen three cases within the last six months, which has more than ever impressed me with the need of an early operation.

The first case, a boy nine years of age had an acute attack a few days before I saw him. At this time his symptoms seemed to be subsiding, and as it was too late for an early operation, we concluded to await developments. He improved for a week or two and then relapsed, which condition continued for two or three weeks, but he finally recovered slowly.

The second case, a Miss H., a young lady twenty years old was attacked with pain in the abdomen on Friday morning and I saw her on Friday night. She was taken to the hospital that night and preparations were made to operate early the following morning. Unfortunately, however, she having less pain and appearing much better the next morning, her friend objected to the operation. Her improvement was of short duration and after the lapse of five weeks her pain and temperature subsided. But there was a distinct mass to be felt situated deeply in the right iliac fossa. As she was much emaciated and weakened, I allowed her to rest for two weeks at the hospital; then operated on her. We found an abscess the size of a walnut situated post cecal and external. Within the abscess was the appendix with two perforations; one at the distal extremity and one at the base, which had nearly separated the appendix from the cecum. And to complicate matters further, the peritonum of the cecum was broken down around the appendix so we could not get healthy tissue to close the stump of the appendix. As a result a fecal fistulae developed in three days, which closed spontaneously in about ten days. She is now in good health. After the early operative period had passed, her friends desired an operation, but it was deemed advisable to let the case, if possible, go to the intermediate stage or to operate only in an emergency.

The third case, a Mrs. C., age twenty-five years, complained of a pain in the region of the stomach Thursday noon, which subsided some by evening. On Friday morning the pain was worse and she was vomiting some. I saw her late Friday night with the following conditions: A general abdominal pain, a little tenseness of the muscle on right side of abdomen. Possibly a little more tenderness at McBurney's point than elsewhere. Also little resonance over the region of the liver. Pulse 150 and temperature 103 degrees. We concluded to wait until morning, giving her a sedative and applying cold locally. The next morning she seemed easier, which was not



due to the sedative, as she did not get much, but was the dangerous lull which so many times deceives and preceeds the storm. By noon, or forty-eight hours after the onset, her pain became localized in right iliac fossa and a general tympanitis developed. We operated at four o'clock that evening and upon opening the abdomen we were greeted with a fecal odor. The appendix was large and had a perforation in which you could introduce the index-finger. It contained two enteroliths. There had been but little attempt by nature to wall it off. She had a pulse rate of 160 at the beginning of the operation, which dropped to 120 after operation. All other symptoms subsided but pulse, which showed evidence of shock, probably due to the perforation; as upon removal of drainage the wound was dry and abdomen was much less distended. She had passed a considerable quantity of gas. She died thirty hours afterward from above stated cause. I think that in cases like this, where we cannot make a certain diagnosis early and the symptoms of danger are increasing, that we are justified in performing an exploratory operation.

I think that the above cases are excellent illustrations of the dictums which I made at the beginning of this paper. That is, it is conservative to operate early, if possible in the first twenty-four hours. And secondly, that it is safer sometimes when we cannot make an absolute diagnosis early, to make an exploratory incision.

Skilled operators give statistics of hundreds of cases without a death in early operations. A conservative estimate would place the mortality at not more than two per cent. as against twenty per cent. in cases treated medically, and fifteen per cent. if operations are performed only in emergencies. This is not all. Cases operated on early have no recurrences or complications, while those cases treated medically may figure as Cartens says: "As two or three cures;" and those operated on only in emergency, as I have stated before, may have adhesion, fistula, hernia and a long convalescence.

There have been attempts before this to collect statistics, but they are more or less incomplete. With the end in view of securing more recent and complete statistics, I sent a printed circular to seventy-five eminent physicians and surgeons of the United States. I received replies from about one-half, so far giving me some interesting statistics. The reply from the physicians was that they invariably advised an early operation. They were leading men in their profession.

In regard to the reports from the surgeons, it will be necessary

to divide them into two classes. The first class which included the reports from fifteen surgeons, and recites 6,000 acute and 3,000 chronic cases. The questions and answers were substantially as follows:

"Give number of cases and number of deaths in cases operated on within the first twenty-four hours."

They did not as a rule state the number of cases, but gave rate of death at one per cent.

To the same question in regard to operation performed during the second day, the replies were that there were more operations than on the first day and the mortality was greater—suggested by some as four per cent.

To the same question as to operation on the third day the answers showed a greater number of cases and a greater mortality than those of the second day.

The acute cases operated on after the third day gave a large mortality, possibly fifteen per cent.

In answer to the fifth question, "In cases of localized abscess do you always remove the appendix?" the reply was "No," but it was left only about three to four in one hundred.

In the foregoing cases which I have classed as No. 1 and representing about 6,000 acute cases, the average mortality was about five per cent.

In reply to the questions on operations in the intermediate stage my correspondents invariably advised operation after the first attack and one operator reports having but one death in nine hundred cases; but the average was about two per cent.

Both classes reported about forty per cent. as having coprolites and one per cent. of foreign bodies, and the germ most frequently found was colon bacillus; also that nearly all cases were infectious.

As to recurrences in cases not operated on, the opinions of those in first classes were that from fifty to eighty per cent. have more than one attack, which is much higher than is generally conceded. But as pointed out by some surgeons many of these cases of first attack, if carefully investigated will be found to have been preceded by other attacks not recognized because they are characterized by vague abdominal pains.

The following are the questions asked and answers given by the second class, which included the reports of twenty surgeons and gives one thousand acute and two thousand chronic cases:



"Give number of cases and number of deaths in first twenty-four hours."

Did not as a rule operate unless symptoms were increasing and as a consequence most of the operations were done from the third to the seventh day, with an average mortality in acute cases of twelve to fifteen per cent.

But this was not all, as a large number of their cases were operated on in emergency or after the abscess had formed, as a result, there were about twenty per cent. of the appendices which were not removed. This will necessitate a second operation in a certain per cent. of the cases. Also there would be other complications as pointed out before as hernia, fistulae, etc. This would occur in at least five per cent of these cases.

In chronic cases they advise an operation after two or three attacks, and give an estimate of about five per cent. mortality in two thousand cases. Please observe the contrast between the statistics of the two classes of surgeons:—The first has six thousand acute cases with five per cent. mortality and only three thousand intermediate cases with but two per cent. mortality. The acute cases were operated on early, or as early as possible, and the intermediate, after one attack.

The second class with one thousand acute cases and from twelve to fifteen per cent. mortality and many appendices were left. And there were also a large number of drainage cases.

In the two thousand chronic cases the mortality was five per cent. and the operations were resorted to after two or three attacks.

While this paper was intended to advocate only one operative stage, but anticipating the question, "What would you do with the large numbers of cases which are seen for the first time on the third or fourth days?" I will state my position without going into details.

I believe that a case in this stage of the disease without a general peritonitis, will generally get well. Each case must be decided on its own merits, but as a rule, I believe that many times an operation at this time of the disease is more dangerous than to wait for the interval. That is, I would operate early, or as a rule in cases seen late, I would wait until the interval.

## REPORT OF MEETING OF A MODERN MEDICAL SOCIETY.

By Dr. F. E. Bunts, Cleveland, Ohio.

The following "take off," by Dr. F. E. Bunts, in the *Cleveland Medical Gazette*, seems worthy of reproduction as a report of some up-to-date medical societies:

First Surgeon: I have to bring before the members of this society a report of an extremely interesting case of rupture of the liver. The patient was accidentally kicked over a fence by a mule and fell with his right side striking on a nigger head.

No symptoms developed for twenty-four hours, when the family becoming alarmed at the absence of symptoms, I was called in to see the case, and at once diagnosed a rupture of the liver. The signs were somewhat obscure, but an operation made some thirty-six hours subsequent proved the correctness of my observations. The liver and portal vein were carefully sutured, the abdominal wound closed by four rows of sutures—catgut, silk, silkworm gut and silver wire, respectively—and the patient made an uneventful recovery, the stitches being removed on the seventh day, and the patient returned to his occupation as mule-driver two days later, or nine days from date of operation. In conclusion I would say that the chief points of interest in this case are the accuracy of the diagnosis, as well as of the facts in the case, and the most excellent results following a most hazardous and desperate operation.

Chairman: The most interesting paper of Surgeon ——— is now open for discussion.

Oculist: I am sure we are very much indebted to Surgeon ——— for his most valuable contribution to surgical knowledge, and the case reminds me of a rupture of an eyeball in a well known man about town, following an attempt to watch all the ballet girls at once. In this case I made a careful examination with the ophthalmoscope, finding marked evidence of blepharospasm, posterior synechiae, choked disc, and external strabismus. The treatment consisted of a prompt removal of the eye. The cure was prompt and uneventful, and up to this date he has not attempted again to attend a ballet performance. In conclusion I again wish to congratulate the author and the society upon his paper.

Gynecologist: The subject under discussion is somewhat out of my line of work, but is a very brilliant result and reminds me of a case of endometritis fungoides complicating a Bartholinian cyst in



a patient ninety-six years of age. In this case I removed the uterus and appendages per vagina after excision of the cyst. She made an uneventful recovery and has since married and feels as young as she did seventy years ago. I thank the doctor for the opportunity which his paper has given me to present this case.

Rhinologist: I cannot allow this opportunity to pass without referring to a case which this valuable report of a rupture of the liver has brought to mind. Some years ago Mary G. snuffed a bean up her nose. A careful inquiry at the time failed to reveal the bean, but yesterday, or two years from the date of first observation, there appeared an unmistakable bean-sprout extending at the anterior nares. I at once diagnosed a sprouting bean and removed it, under cocaine. No untoward effect was produced, the patient making an uneventful recovery. The interesting feature in the case was that the patient came from Boston and had probably been addicted to the bean habit for many years. I congratulate the doctor upon his very able paper.

Neurologist: Rupture of the liver must call to mind of all of us that from such sudden jars we may obtain ruptures of the cerebral sinuses, or hemorrhage into the spinal canal. In a similar case to that related by the doctor, motor paralysis was present from the moment of receipt of shock incident to receipt of check for an outlawed bill. I made the diagnosis without any difficulty and offered to relieve the patient of the exciting cause. This he refused, and his paralysis was recovered from in time to take in the races the next day. Again I wish to congratulate the doctor upon his very elaborate and painstaking paper.

Second Surgeon: I can but indorse everything that the author has said and appreciate fully the value of the paper. I wish to take exceptions, however, to the means of diagnosis and to say that from the symptoms related there could not possibly have been a rupture of the liver—nor could he, in my estimation, have sewn up the portal vein without seriously interfering with the functions of the liver and bringing on an attack of the piles. In all cases of this kind in which I have operated I have made it a point at the same time to dissect out very carefully the pile-bearing area. In conclusion, Mr. Chairman, I would say that I hope no one will think from my remarks that I differ in any essentials from the practice of my distinguished confrere.

Orthopedist: During my connection with the Hospital for Crip-

ples I noticed very often and have the records of 150 cases which show the difference in appreciation of pain in different children. In some of the cases of kyphosis a plaster bandage was well tolerated, notwithstanding the formation of decubital sores, extending down to and laying open the spine—while in others bitter complaint was made by the patient and it was necessary to remove the plaster and apply it according to an original method devised by me. The resemblance between these cases and that related in the paper this evening is very marked, and I appreciate the value of this addition to medical knowledge as confirmatory of my own experience at the Hospital of Cripples.

Chairman: As there is no further discussion upon this paper, I would say that we are all very much pleased by the elaborate and carefully prepared discussion which it has called forth—and I will ask Surgeon ——— to close the discussion.

Surgeon ———: The field of surgery has been so fully covered that I feel it impossible for me to add anything to that which has been already said.

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## *SOCIETY PROCEEDINGS.*

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### HUNTINGTON COUNTY MEDICAL SOCIETY.

The regular meeting of this society was held in the office of Dr. W. C. Chafee, in Huntington, on the afternoon of Tuesday, June 10. The principal paper of the meeting was by Dr. Chas. L. Wright, on "Some Hints on Abdominal Surgery." The paper was discussed by Drs. Fry, Chafee, Wright, and others.

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### AMERICAN MEDICAL ASSOCIATION.

The 53rd annual meeting was held at Saratoga Springs, N. Y., June 10-14, 1902. The first general session was called to order by President Dr. John A. Wyeth, at eleven o'clock, on the morning of Tuesday, June 10. The invocation was delivered by Rev. T. F. Chambers, of Saratoga Springs, and the report of the committee on arrangements was made by Dr. Geo. F. Comstock, of Saratoga Springs. The address of welcome on behalf of the State of New



York was delivered by the Hon. S. F. Nixon, speaker of the New York State Assembly. The address on behalf of the citizens of Saratoga Springs was delivered by Senator Edgar T. Brackett, of Saratoga. The president's address by Dr. John A. Wyeth, of New York City, was a worthy production and did justice to this noted physician, teacher and author. A feature of the first session was the presentation of a beautiful flag which was adopted as the banner of the Association. The presentation speech was made by Dr. H. L. E. Johnson, of Washington, D. C.

At the second general session on Tuesday evening the oration on "Surgery" was delivered by Dr. Harry M. Sherman, of California. Unfortunately many of the section banquets had been arranged for the same hour, and these drew a large number of the members from the general session. Dr. Sherman's most excellent address was, therefore, missed by a very large proportion of the members of the Association.

At the second general session on Wednesday evening, Dr. Frank Billings, of Chicago, delivered the Oration on Medicine, which was a very scholarly and scientific paper. A feature of this session was the presentation of portraits of three ex-presidents of the Association. The portrait of Dr. F. Paul Eve was presented by Dr. Lewis McMurtry, of Louisville. The portrait of Dr. Henry O. Marcy was presented by Dr. W. A. Evans of Chicago, and the portrait of Dr. James F. Hibbard was presented by Dr. Chas. A. L. Reed, of Cincinnati. Indiana physicians were particularly interested in the last presentation, in view of the fact that Dr. Hibbard is at the present time one of Indiana's most famous physicians, a noted scholar, and a well known author. He is loved by all who know him and an intimate knowledge of all these facts led to a most graceful and eloquent tribute by Dr. Reed, whose reputation as a public speaker is famous. The portraits of these three ex-presidents were accepted by the Association, and will in the future hang in the home of the American Medical Association which has but recently been purchased in Chicago.

At the third general session on Thursday evening the Oration on State Medicine was delivered by Dr. J. M. Emmert, of Atlantic, Iowa. This address was one of merit, and Dr. Emmert received a vote of thanks by the Society.

At the fourth general session at noon on Friday a summary of the proceedings of the house of delegates was presented, followed by the installation of officers.

## OFFICERS FOR THE NEXT YEAR.

The officers for the ensuing year are as follows: President, Dr. Frank Billings, of Chicago; first vice president, Dr. J. A. Wither-  
spoon, of Nashville; second vice president, Dr. G. F. Comstock, of  
Saratoga Springs; third vice president, Dr. C. R. Holmes, of Cin-  
cinnati; fourth vice president, Dr. James H. Dunn, of Minneapolis;  
treasurer, Dr. H. P. Newman, of Chicago; secretary, Dr. Geo. H.  
Simmons, of Chicago.

## ORATORS FOR NEXT YEAR.

Oration on Medicine, Dr. J. M. Anders, of Philadelphia; Ora-  
tion on Surgery, Dr. A. F. Jonas, of Omaha; Oration on State Med-  
icine, Dr. W. H. Welch, of Baltimore.

## HOUSE OF DELEGATES.

The routine business of the Association was transacted by the  
House of Delegates, a body that came into existence this year in  
accordance with the reorganization plan adopted at the St. Paul  
meeting. The report of the treasurer showed that the financial af-  
fairs of the Association were in a most flourishing condition. The  
income from all sources has steadily increased during the past few  
years, and during the last fiscal year increased to a greater extent  
than ever before. This has been due to the increased membership,  
the increased number of subscribers to the *Journal*, increase in the  
advertising patronage of the *Journal*, and the amount of job print-  
ing done in the *Journal* office, and a decrease in the expenses due to  
the purchase of improved machinery, etc. The net gain for the  
year as given by the treasurer was a little over \$26,000. The assets  
of the Association are given as approximately \$91,000, of which  
about \$34,000 is represented by the *Journal* plant, and the balance,  
or a little over \$56,000, by cash and bonds. This statement includ-  
ed the year 1901. So far this year the increase of income has ex-  
ceeded that of a similar period of any previous year, but no com-  
plete statement could be rendered in view of the fact that the books  
are balanced from January to January. The treasurer also reported  
that in view of the fact that the *Journal* must secure larger and bet-  
ter arranged quarters, and that none suitable could be found ex-  
cept at great expense, it was deemed advisable to purchase a home  
for the Association. Early in the year the trustees purchased a plat  
of ground for approximately \$41,000, and upon which there is now  
being erected a home for the *Journal* and headquarters for the Amer-



ican Medical Association. The treasurer further reported that after paying for this property there was still in cash on hand over \$12,000 to be applied toward the cost of the building, which it is expected will reach \$40,000. Aside from this the treasurer also holds United States and Chicago city bonds to the face value of \$24,000, which if necessary can be converted into cash and applied upon the cost of building.

The House of Delegates, among other things, passed a resolution asking the United States Congress to give official recognition and reward to Dr. Sternberg for his services on the field of battle, in the cholera and yellow fever epidemics, in creating the army medical school, in extensive and original work in the field of hygiene and sanitary science, and for his contributions to science. A vote of thanks to the yellow fever investigators was also unanimously adopted.

The medal committee reported that owing to a misunderstanding the notifications regarding the Association medal were not published in sufficient time to give applicants an opportunity to compete for the medal. The committee also reported that the Senn medal had not been awarded owing to the fact that no essay presented in competition was deemed worthy of a reward.

An appropriation of \$500 was made for the Committee on Scientific Research. It was also decided that an invitation on behalf of the American Medical Association be given to the International Medical Congress to hold its session for 1906 in the United States of America at a city hereafter to be selected.

The House of Delegates put its stamp of disapproval upon electioneering on the part of members of the Association whose names have been proposed for office. It was decided by a vote that solicitation of votes for office shall be considered a disqualification for election to any office in the gift of the Association.

The customary vote of thanks was given the Committee on Arrangements, the citizens of Saratoga, the officers of the Association, and all others who helped to make the meeting a success.

#### THE NEXT MEETING PLACE.

New Orleans was selected as the place for the meeting for 1903, and the fixing of the time for the meeting was left with the president and secretary after consultation with the committee of arrangements of New Orleans, the suggestion being made that some date between May 1 and 15 be selected.

## SOCIAL FEATURES.

The social features were on a par with the social features of previous meetings, and thoroughly enjoyed by all the members. On the first evening the section banquets took the time of all the members. On the second evening band concerts, and a general reception and ball at the United States Hotel formed leading attractions. On the third evening the president's reception proved the star attraction of the week. Generous entertainment was provided for the ladies, and a program consisting of receptions, musicales, lawn fetes, and carriage drives was sufficient to keep them busy throughout their entire stay in Saratoga.

## SARATOGA.

As a meeting place Saratoga with its commodious hotels and ample accommodations for large crowds, and its many and varied attractions, was on a par with Atlantic City which has always been considered an ideal place for conventions. The large variety and number of medicinal springs proved of considerable interest to the physicians, and the proprietors lost no opportunity to acquaint the visiting physicians with the various properties of these famous Saratoga waters.

## MEETING A SUCCESS.

The sections were unusually well attended and the programs for the most part contained papers of a very high order of merit. The attendance at the sections and the character of the discussions of papers was probably better than ever before. As usual there was some conflict in hours of the meeting of various committees, sections, or entertainments, but this is to be expected where so large a number of people are gathered together, and where the scientific and social interests are varied. On the whole, the Saratoga meeting will pass into history as being one of the most successful of the Association.



# Fort Wayne Medical Journal-Magazine

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.

47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,

107 West Main Street.

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All Communications, Subscriptions, and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 55 West Wayne Street, Fort Wayne, Ind.

## EDITORIALS.

### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

### SECOND ANNUAL REPORT OF THE HARVARD CANCER COMMITTEE.

In the second report of the Cancer Committee to the surgical department of the Harvard Medical School, are given the results of a number of investigations bearing upon the parasitic theory of the origin of cancer. The conclusions of these investigations show that the present cancer parasite theory does not receive any trace of support. The Harvard investigators reach conclusions that are diametrically opposed to those of the Buffalo investigators as formulated by Gaylord and Roswell Park in publications of recent date. The history of medical science shows that frequently the development of knowledge is furthered by diversity and is a controversy among investigators. We hope that the different conclusions of these two

sets of investigators now engaged in the study of the nature of cancer may have this desirable result.—*Jour. A. M. A.*

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### ANONYMOUS COMMUNICATIONS.

We have received an anonymous communication from "A Beginner in Christian Science," in reply to the article of Dr. H. V. Sweringen in the May *Journal-Magazine*, with a request for publication at an early date. We have failed to secure the name of the writer of the communication, notwithstanding the fact that efforts have been made in that direction. To satisfy our readers as to our desire to give every one fair play, and the Christian Scientists a reasonable amount of space to reply to any published criticism of their manner of caring for the sick and afflicted, we wish to say that the reply to Dr. Sweringen's article would have been published in this issue had the author been frank enough to attach his name to the article or at least made himself or herself known to the editor. No anonymous communications will be published in the *Journal-Magazine*, and any correspondent who expects consideration in the way of space for his communications must make himself known, or otherwise his communications will go into the waste basket where all anonymous communications belong.

A. E. B.

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### CRITICISMS OF SOME SURGICAL TENDENCIES.

In an editorial upon this subject in the *Jour. A. M. A.*, of April 26, attention is called to the fact that during the past 18 months several men of high standing in the profession, both in America and England, have pointed out what they believe to be a tendency for general and special surgery to overstep its legitimate limits. For some time part of the profession has believed that there was too frequent recourse to operative measures, especially in the surgical specialties having to do with the nose and throat and with diseases peculiar to women. Resort to exploratory incision for purposes of diagnosis in intra-abdominal diseases has undoubtedly become too common. Such an operation should be performed in rare cases only. An operation is not a legitimate diagnostic measure save in very exceptional instances. It should never be allowed to substitute for a lack of skill in applying legitimate diagnostic means. The wisdom of the surgeon should restrain him from operating as it also enables him to operate successfully. Especially to be cultivated for this



purpose is greater accuracy in diagnosis and prognosis, and a more widespread knowledge of pathology and pathologic anatomy. The surgeon will thus become a better advisor although the number and variety of his operations thereby may be materially lessened.

A. E. B.

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### BLACK-MAIL.

Under this title the *Philadelphia Medical Journal* says that there is a new species of blackmail coming into practice against physicians, which consists of bogus suits for malpractice. In New York City the evil has grown to such an extent that physicians have felt compelled to organize and to seek insurance against such villany just as they do against accident and death. The scheme is for a lawyer or "ambulance chaser" to frequent the hospitals to drum up some impecunious patient who thinks he or she has some grievance against some physician or surgeon and bring a suit for malpractice. But actual trial is the last thing such a sheister wants, for he is too well known in the court room, and too liable to come to grief before a righteous judge. What he wants is simply to scare the doctor into a compromise, and a ridiculously small sum will often satisfy him.

We only have to add in comment that it is now possible for every reputable physician and surgeon to obtain for a small sum of money a policy that will insure him against just such blackmailing schemes as mentioned, and protect him, to the extent of the expenditure of several thousand dollars in money if need be, from judgment in malpractice suits. The Physicians Defense Union of Fort Wayne, in which we have no interest whatsoever except as the owner of one of their policies which was duly paid for at regular rates, is worthy of the support of all physicians who wish protection and defense against the attacks of sheister lawyers and others in suits for malpractice. We recommend our professional friends in New York City who are menaced with bogus suits for malpractice to make inquiry regarding a policy with the company herein mentioned.

A. E. B.

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### WOMEN A SOURCE OF CRIME.

There is much food for thought in the address of the Rt. Rev. John Lancaster Spaulding, Roman Catholic Bishop of Peoria, Ills.,

delivered at the annual conference of Charities and Corrections at Detroit, the last week in May, in which the responsibility for three-fourths of the sin and depravity, the crime, the indigence and poverty of America are laid at the door of the women of the country.

Bishop Spaulding said, "women determine what we shall eat, what we shall wear, and what we shall read. They select our friends and even decide the important question of religion. They put words of the native tongue into the mouths of the children and influence them powerfully in their growth to manhood and womanhood. The seat of the development of the child is in the home. To her man must leave the training of our boys and girls that are to be the fathers and mothers of the future. If the women of the land were more large minded, more thoughtful, more intelligent, three-fourths of the depravity and sin that occurs in the present day life would disappear. Shall woman be false, ungrateful and traitorous to the trust that man has reposed in her?"

As one of the requisites in raising the social and moral status of the people Bishop Spaulding argued for forcible restriction of marriages among reckless and too youthful persons, and declared that if man shall learn to do for his fellow men what science and humanity have taught him to do for the lower animals the world will be much better than it is to-day.

In this statement we see an argument for the suppression of the marriage of the tuberculous, the syphilitic, the epileptic, the feeble minded, and in fact, any persons who are not physically and mentally well but who are capable of reproducing their kind. We would add to these restrictions the prohibitions of marriage of the criminal classes and those of vicious, depraved or immoral tendencies. There is not the slightest question but that the increase as well as the continuance of all that is physically and morally bad in the community is due largely to inherited tendencies, and the license which permits reproduction of any and all kind. We heartily agree with all that Bishop Spaulding says in his emphatic demand for restriction of marriage as the only possible solution of the question how to improve the conditions of the human race.

A. E. B.

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### THE BROADENING OF THERAPEUTICS.

The broadening of therapeutics is, perhaps, as important a change in modern medical science and art as any that has taken place. It was but a few years ago that the directions for treatment



were so few and simple that practice then and now seems a very different thing. There are, it is true, many physicians who have not caught the new view and possibly in many medical colleges there are professors who are scarcely aware of it. The revolution has taken place so quietly that only the alert minded have observed and profited by it, and possibly these are so busy with increased practice and in experimentation with the new methods that they have not had time and opportunity to "spread the word" among their slower-minded colleagues and students. Then, too, progress in such matters is slow, and the weight of tradition and habit is enslaving. The change to which we allude is the broadening of therapeutics in many directions, heretofore unrecognized or ignored, but especially in the manner of treatment by physiologic and hygienic methods rather than simply by drugs. Therapeutic nihilism, whether partial or extreme, is indeed without reason for existence except as the "nihilist" comes to know the tremendous possibilities of cure by other means than drugs. With hundreds of oculists testifying that the vast majority of headaches, sick headaches, and many other disorders of digestion, etc., are due to eye strain, the practitioner who longer neglects the testimony takes hazardous risks. The same is true of other specialties. Questions of diet must be carefully considered, and in explicit detailed fashion with nearly every patient, and often the secret of the case is learned only by scrutiny as to the habits of sleeping, clothing, work, smoking, etc. Nasal stenosis, bad teeth, imperfect mastication, etc., may account for failure in health. Whoever neglects hydrotherapy and massage will not succeed as well as he might, and cure by resistance, gymnastics, or some other carefully selected method of exercise, is sometimes frequently the only or most happy way. What good physician, moreover, has not learned that disease is at times psychic in origin, and that until the concealed source of trouble, the worry, or the sin, is done away with, there can be no real recovery. A multitude of such hints as these must be gathered and kept in mind by the successful practitioner of the future, and no progress in prevention or curative medicine will ever do away with the need of that high order of mind required to act upon them. For every case differs from every other and the consummate intelligence is to find the one best method of treatment in each. Rule and routine are no longer of much service to the modern physician.—

*Amer. Med.*

## DEATH OF DR. JOSEPH EASTMAN.

Dr. Joseph Eastman, of Indianapolis, a surgeon of national reputation, died at his country home, Jipson Place, four miles north of the city of Indianapolis, on the evening of June 5, 1902. His death was not wholly unexpected, as he had for several months suffered from an incurable affection, diagnosed by the attending physicians at Indianapolis, and consulting physicians from Chicago, Cincinnati and other cities, as cancer of the liver.

Dr. Eastman was born in Fulton county, New York, January 29, 1842. His early education was confined to winter schools and night study. Before the age of 18 years he had worked three years at the anvil and was a proficient blacksmith. At the outbreak of the Civil War he enlisted as a private in the 77th New York Volunteers, and during actual conflict in battle showed himself to be a brave soldier. From the battle-field of Williamsburg he was sent as a typhoid malarial patient to the Mt. Pleasant Hospital at Washington, where after his recovery he acted as hospital steward. While engaged as hospital steward he attended medical lectures for three years at the University of Georgetown, from which place he graduated as a doctor of medicine in 1865. He passed the army examination and was commissioned assistant surgeon in the United States Volunteers, in which position he served until mustered out in 1866. Soon after this he located at Brownsburg, Indiana, where he engaged in general practice for seven years. In 1868, he married Mary Katherine, the daughter of Thomas Barker, of Indianapolis.

His medical education was supplemented by a course at the Bellevue Hospital Medical College of New York City, from which he graduated in 1871. At the request of Drs. Theophilus Parvin and Isaac C. Walker, he accepted a position of demonstrator of anatomy in the College of Physicians and Surgeons at Indianapolis. For nine years following this he was an active member of the consulting staff of the Indianapolis City Hospital, and assistant of the late Dr. Theophilus Parvin, the distinguished obstetrician and gynecologist who afterward removed to Philadelphia and became eminent as a medical teacher, author and practitioner.

In 1879 Dr. Eastman was one of the organizers of the Central College of Physicians and Surgeons of Indianapolis, and accepted the chair of anatomy and clinical surgery. Later he accepted a newly created chair of diseases of women and abdominal surgery in that



institution, a position which he held up to the time of his death. For several years he acted as president of this college.

From 1886 his practice was limited to the diseases of women and abdominal surgery, and during that time he was the possessor of a large and modern private sanitorium on North Delaware Street Indianapolis.

Hirst's Obstetrics, Vol. 2, page 267-70 gives him credit for being the second in the world, and the only American surgeon, who, in operating for extra-uterine pregnancy, has dissected out the entire sac, which contained a living child, and saved the life of both mother and child.

Dr. Eastman became eminent in his profession, being known far and wide as a skilled and successful surgeon. He was a frequent contributor to surgical literature, much of which was copied in the foreign journals with favorable comments. He originated a number of surgical instruments which were received with favor by the profession. As a delegate to the International Medical Congress held at Berlin in 1890, he addressed the section of Gynecology, demonstrating his method of removing fibroid tumors by means of his hysterectomy staff, which is now in use by the more advanced gynecologists in Berlin, Vienna, and those of the hospitals of other great cities. During his stay in Europe he visited the most noted hospitals in Germany and Austria as well as those of London, Birmingham and Glasgow, and he has been given, both at home and abroad, credit for a considerable amount of original work in the department of abdominal surgery.

In recognition of his professional merit the degree of LL. D. was conferred upon him by Wabash College in 1891, and in 1893 he was made chairman of the Diseases of Women of the American Medical Association. For many years he was also one of the trustees of the American Medical Association.

He was an honored member of a large number of societies, among them being the American Medical Association, the American Gynecological Association, the Indiana State Medical Society, the Marion County Medical Society, etc.

Dr. Eastman leaves a wife, Mrs. Mary Katherine Eastman, a daughter, Mrs. Frank Day, and two sons, Drs. Thomas B. Eastman, and Joseph R. Eastman. Dr. Eastman was a member of the Centrad Christian Church of Indianapolis; in politics a republican, and in

fraternal alliances a member of the G. A. R. Post, the Loyal Legion, and the Scottish Rite Masonic Order.

The life of Dr. Eastman was characterized by that firmness and determination which invariably leads to success in those who must make their own way in the world, and whose position in life is due entirely to their own efforts. It was that firm determination and high character which brought to him greatness in his chosen profession, and made him a leader among medical men. Above all else Dr. Eastman was charitable, forgiving, and endowed with those feelings for his fellow men which compelled him to hold out a word of encouragement or helping hand to all those in need of it. He admired nobleness of character, and never failed to extend his sympathy, his confidence and his help to any person who secured and merited his friendship. He was a man of strong likes and dislikes, but such was to be expected of a man of great force of character.

In his death the medical profession has lost one of its most active, progressive, and eminently experienced and competent men, the immediate family has lost an indulgent and affectionate husband and father, and the community has lost an upright, useful and highly honored citizen.

A. E. B.

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## NEWS NOTES AND COMMENTS

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CO-EDUCATION AT RUSH MEDICAL COLLEGE.—The senior and junior years at Rush Medical College will be opened to women after July 1. This means co-education in all classes of Rush, as women have been admitted to the first two years at Rush since last fall when the first two classes were moved to the University of Chicago.

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STRAWBERRIES AND GOUT.—Portes and Desmoulières have recently discovered that strawberries contain salicylic acid, which they have succeeded in obtaining in crystallized form. This explains the effect of strawberries in gout and rheumatism. Long ago Linnaeus found that strawberries cured sciatic rheumatism. In Germany, lately, lemon juice has been given in large quantities for rheumatism and gout, with excellent results.—*Moderne Medicine*.

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FATAL BLOOD POISONING THE RESULT OF AN OPERATION.—On



April 6, Dr. W. D. Middleton, chief surgeon to the Chicago, Rock Island and Pacific Railway, and dean of the medical department of the State University of Iowa, died at Davenport, Iowa, of blood poisoning, subsequent to an operation performed by him for appendicitis. The patient was in a gangrenous condition, and both Dr. Middleton and Dr. Braunlich, his assistant, were accidentally poisoned, and by late reports, the latter was said to be critically ill.—*Med. Record*, April 26.

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SMALLPOX IN ENGLAND.—The smallpox epidemic in London still continues, the total number of deaths from the disease up to date numbering nearly 1,500. Out of the total number of deaths not one occurred in a person who has been successfully vaccinated within the past ten years. Persons who have been successfully vaccinated recently seem to be immune, even under repeated exposure, while for those individuals who have not been vaccinated or have been vaccinated many years ago, the disease seems to have a peculiar affinity.

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RAILWAY EMERGENCY SUPPLIES.—One of the leading railroads in the middle west has recently equipped every freight and passenger train with an emergency medicine chest and first aid packets useful in cases of accident. No doubt this provision will result in affording relief of suffering, if not indeed the saving of life in case of accident on this road. It is to be hoped that the example will be generally followed by transportation companies, and it is thought that the adoption of such provisions on the part of any transportation company will advance its reputation and popularity with the traveling public.—*Jour. A. M. A.*

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A RIDICULOUS MEASURE.—One of the silliest of the many silly measures that from time to time are introduced in the various State legislatures of the country is the one recently proposed by a member of the New York legislature, whereby he would have enacted a law requiring that any operation upon a woman in that State shall be witnessed by three of her nearest relations, who are to remain with her until the completion of the operation. It has been the experience of all surgeons that the presence at an operation of friends or relations is decidedly poor policy, and very few operators will give their consent to having them about at such a time. What abuse this legislature is attempting to correct is hard to see, and the enact-

ment of such a law can only lead to suffering. However, the legislature of New York, having shown such good sense in disposing of the osteopaths, can be relied upon to vote down this measure.—*The Medical Age. Phil. Med. Jour.*

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DOCTOR SUES DOCTOR.—Dr. Francis Kelley, of Vincennes, has filed suit for \$1,000 for professional services rendered Dr. Welcome B. Sprinkle, of Oaktown, in the past two years. In the complaint Dr. Kelley claims that he cured Dr. Sprinkle of an affection of the foot, thereby enabling him to resume the practice of medicine, and that when he proffered his bill for \$1,000 Dr. Sprinkle refused to pay him.

(According to the Transactions of the Indiana State Medical Society for 1901, we note that Dr. Sprinkle is a member in good standing of the Knox County and the Indiana State Medical Societies. As might be expected Dr. Kelley's name does not appear as a member of either society. We have no other comment to make than that no reputable medical man, in good standing among medical men, who charges another medical man of good reputation and standing among medical men, a fee for professional services rendered, is worthy of the respect and friendship of the medical profession.—Ed.)

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APOMORPHINE IN HYSTERIA.—Dr. P. V. Faucher, in a paper recently read before the Quebec Medical Society, highly recommends the hypodermic use of apomorphine (1-15 to 1-10 grain) in the treatment of hysteria. He said: "The prick of the hypodermic needle acts first on the patient's imagination, the vomiting comes to the rescue, and the ensuing nausea causes a complete sedation of the nervous system." And again: "Apomorphine, prudently administered, is a specific for an hysterical attack. By its use we are enabled to leave, in a few moments, to their own resources, patients who were wont to take up a good deal of our time, and who imperiled our medical reputation owing to the fact that we were quite unable to relieve them." Dr. Faucher also claims to have obtained good results from apomorphine in the treatment of epilepsy and hystero-epilepsy. Not that he uses it as a specific for the cure of these diseases, but simply as a means of controlling attacks, which often cause practitioners a good deal of delay and annoyance.—*Canadian Journal of Medicine and Surgery.*



THE INFECTION OF OYSTERS BY SEWAGE.—Prof. Caleb A. Fuller, of Brown University, has recently investigated the much discussed question as to whether oysters are infected by sewage. In the light of his scientific investigations it would seem that the oysters coming from Narragansett Bay are contaminated with infection from sewage discharge into the Bay from the sewers of the city of Providence. The sewage of Providence in order to reach the open sea has to pass over the large oyster beds of Narragansett Bay, and Professor Fuller has discovered that the water and oysters at a quarter of a mile distance from the opening of the sewer contained three varieties of intestinal bacilli, and the same organisms were found in oysters at a point two miles below. Thirty per cent. of the oysters from a bed located in a strong tidal current five miles from the sewer contained the common colon bacillus, and the same was true of 40 per cent. of the oysters from a bed located in sluggish water five and a quarter miles from the sewer. Oysters from a bed six and a half miles below the sewer contained no colon bacilli. Beds still further down the bay were entirely free from contamination.

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GIFTS OF A PATIENT TO A PHYSICIAN INVALIDATED.—An important case has just been decided in the law courts. The executors of a wealthy old lady, who died at 80, sought to recover from Dr. Price, who had attended her for 11 years, three sums of \$2,500, \$500 and \$1,000 given to him in the years 1899-1900. She left at her death property amounting to \$450,000, which she had inherited from her first husband. She provided for her second husband, made gifts to relatives in humble circumstances, left her house and grounds for a museum and public gardens, and made large bequests to charities. The executors made no charge of fraud or improper conduct against the doctor, but claimed that because of the relation of physician and patient existing between the parties, in the absence of independent advice obtained by the donor, a presumption of undue influence existed, and that such gifts should not stand. The doctor who had been paid for his services in the ordinary way the sum of \$1,560, explained fully the circumstances in which the gifts were made. The largest sum, \$2,500, was a gift partly in recognition of his consent to act as trustee of the institution to be founded by the patient in memory of her husband. The \$500 was a Christmas present, and the \$1,000 was given to replace a brougham which had been injured in a carriage accident. The judge ordered the doctor to repay the

whole of the gifts, \$4,000. He ruled that: "It has been laid down that the relation of patient and physician is a confidential relationship, and where it exists, as it did in this case, the donor must have had competent and independent advice before a gift can be supported." The law applies to other confidential relationships, such as those of clergy and solicitors. In the present case the doctor was mulcted in costs, which the *Lancet* thinks was rather hard. As the contention arose out of acts of the testatrix, her estate should have borne the costs. The *Lancet* does not see why a patient's gratitude should not be manifested to her doctor otherwise than by fees which can be claimed, but care should always be taken that the patient has independent advice. If the doctor in the present case had done this, the validity of the gifts could not have been questioned.—(*London Letter in Jour. A. M. A.*)

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### THINGS THAT MOVE.

"Can a thing which has no life move?" asked Joseph Cook to Eli Perkins.

"Of course it can," replied Eli. "Why, last year I saw a watch spring, a rope walk, a horse fly, a mill dam, an oyster fry, and a cat fish; and this year," continued Eli, "I expect to see a peach blow, a gin sling, a brandy mash, and ——"

"Anything more, Mr. Perkins?"

"Why, yes; I expect to see a stone fence, a cane brake, and a bank run."

"Did you ever see a shoe shop, a gum boil, or hear a codfish bawl?" asked Mr. Cook.

"No, but I've seen a plank walk, a horse whip, and a tree toad, and I would not be surprised to see some day the great Atlantic coast, the Pacific slope, a three box, and——"

As Mr. Cook left, Eli told him that he had often seen a very mysterious thing—that he had seen a uniform smile.

"Why, I have often seen a sword fish," said Mr. Cook. "I've seen hog's skin boots, too, and once I saw alligator's hide shoes. Yes," he continued, "I have even heard the bark of a tree, seen it holler and commence to leave. The tree held on to his trunk, which they were trying to seize for board."



## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. MCCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

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ELECTRICITY IN THE TREATMENT OF INSANITY.—Chase, in the *Phil. Med. Jour.*, May 3rd, believes that static electricity, which has gained so great an eminence of late, is one of the best modes of applying electricity for medical purposes. It has no specific power either to cure or prevent insanity, but its influence is similiar in its action to drugs, in so far as it affects the mind through the body. At the Friends' Asylum, Philadelphia, static electricity has been applied in selected cases for some years, and while it may not have been successful in affording relief, the general trend of treatment has been efficacious. It is not expected, of course, that static electricity will perform wonders when organic lesions have hopelessly impaired function, but its beneficial effects are usually found in the acute mental disorders, in restoring a balance to the system, in quieting the restlessness, and relieving the insomnia and melancholia, and reinvigorating the tone of both body and mind.—*Amer. Med.*

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ACTION OF DIGITALIS AND ITS ALLIES UPON THE VESSELS.—Drs. R. Gottlieb and R. Mangus have been repeating the experiments of F. Pick, which had been considered to prove conclusively a direct constricting action of digitalis and similiar drugs upon the blood vessels. This investigator did not give any evidence of the part played by the different vessels in this process, nor upon the time the vaso-motor effect takes place and its duration. The new experiments were conducted on dogs. Two entirely different methods were employed: In one the amount of blood flowing out of the veins of different regions was registered after a sufficient amount of atropine had been given to overcome the slowing of the pulse; in the other the plethys-

mograph was used. The experiments showed that the increased blood pressure was due to increased heart action and contraction of the vessels, and that the latter is due to peripheral action which, in case of digitoxin, is general. In case of the other examined glycosides (digitalin, convallamarin, strophanthin), the action is restricted to the splanchnic area. There is, however, some active constriction going on here in the peripheral vessels, yet this is overcome by a passive dilatation owing to reflux of blood from the intestines and an active reflex dilatation set up by the splanchnic contraction. The general narrowing of the pathway of the blood seen with digitoxin gives a high resistance, which must be overcome by the heart; strophanthin, etc., open the vessels of the periphery, and this materially relieves this organ. *Archiv fur exp. Pathologie u. Pharmacologie*, 1902, Band xlvii., p. 135.—*Amer. Jour. Med. Sciences*.

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MASSAGE AND GYMNASTICS AS THERAPEUTIC MEASURES.—That massage and gymnastics in skillful hands constitute valuable and efficient therapeutic measures of a large range of applicability is no longer questioned by those who have studied the matter conscientiously. In many of the European countries these forms of mechanical therapy are receiving much more attention and encouragement than seems the case in America. In Stockholm there has existed for years a fully equipped, legally authorized and regulated institution—"The Central Institute"—for the instruction and training of properly qualified men and women in massage and gymnastics for therapeutic purposes. In order to enter this institute the applicant must possess the degree of bachelor of arts and the course of instruction and training extends over two or more years. In Berlin we understand that these forms of mechano-therapy are represented by a regularly constituted chair in the university.

Graduates from the Central Institute in Stockholm and from other reputable institutes have settled in various parts of the world and successfully practiced their calling, thus becoming in many instances the pioneers in introducing scientific massage and gymnastics. Not a few have found their way to the larger American cities, but up to the present time American physicians have not been sufficiently impressed with the varying degrees of qualification possessed by those who have established themselves as masseurs and gymnasts, and there is no doubt that lack of discrimination may have delayed proper recognition of the value of massage and gymnastics as ther-



apeutic means. It is probable, too, that the general failure of the medical profession to properly interest itself in scientific massage and gymnastics had not a little to do with the development and spread of the peculiar form of quackery known by the anomalous term of osteopathy, which in a large measure simply represents massage run wild and without the proper control of physicians. The osteopathist endeavors by false pretensions to push massage and gymnastics beyond their proper limits, and although devoid of adequate medical training, he boasts of his skill in treatment of various diseases whose nature he cannot understand. He consequently is merely a quack-salver. The educated masseur and gymnast, on the other hand recognizes that his true position is that of helper of the physician and surgeon without whose advice and recommendation he does not undertake the treatment of patients. No doubt the lack of proper interest in massage and gymnastics on the part of physicians is traceable in large part to the complete absence until recently to teach students either didactically or practically so much as even the fundamental principles of mechano-therapy.

We have had since the beginning of medical teaching in this country regular courses of lectures on "materia medica and therapeutics," in which there have been marshalled before the bewildered student a vast array of mostly unimportant information concerning the habitat and origin, Latin naming, modes of preparation and doses of medical preparations, together with extensive lists of diseases and conditions in which various preparations, frequently obsolete, have been used with more or less empirical success. Only the other day the candidates for internships in one of the largest general hospitals in the country were asked to give Latin or official names of some 25 substances used in materia medica, among them being such potent and powerful substances as slippery elm bark. It is high time that this sort of teaching is abandoned. Medical students have enough to remember of importance without being compelled to memorize literally the many useless facts of "materia medica and therapeutics as ordinarily taught. Now the real place for teaching therapy is the clinic, stationary and ambulatory; it is here that massage and gymnastics, for instance, should be introduced to a greater extent than now seems to be the case; and for two reasons, first, because of the real service of massage and gymnastics when properly used in certain suitable cases, and second, in order that medical students, graduate as well as undergraduate, may observe the practical application

of mechano-therapeutic measures by properly trained persons and witness the actual results thus secured.—Editor *Jour.A.M.A.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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OBSTETRIC APHORISMS.—The Cincinnati *Lancet-Clinic*, of August 3, 1901, quotes the following from the *Indiana Lance* :

1. Never rupture membranes unless you are prepared to finish delivery at once, if necessary, or unless you confine the patient artificially within a limited period of time.

2. External measurment of pelvis must be practiced to yield trustworthy results.

3. The external (Baudelocque's) diameter is never reliable.

4. The distance between the crests should be about an inch greater than it is between the spines. Equal distances or a larger interspine indicate a deformed pelvis.

5. Contraction at the outlet is extremely rare, and if it occurs it is usually the result of an ankylosed coccyx.

6. If the index finger can touch the promontory there is always a reduced conjugate diameter.

7. If, on the introduction of two fingers, the middle one does not reach the promontory, the conjugate is normal or more than normal.

8. Whenever the whole hand can be passed through the superior strait, there is a possibility of withdrawing the child through the natural passages.

9. If the hand cannot be passed Cesarean section is indicated.—*N. Y. Med. Times.*



## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

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THE SECURING OF BINOCULAR VISION IN STRABISMUS.—In an article in the *New York Medical Record*, of March 29, (*Jour. Am. M. A.*, April 12,) Dr. R. H. Durby insists on the importance of long continued daily exercise and the training of an amblyopic eye. A closely fitting screen over the well eye is necessary, and for half an hour at a time daily and sometimes twice a day, the deviating eye is to be exercised by writing and reading. He thinks that this is of great importance, and that we ought to see that the advantage of good binocular vision is secured.

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MERCUROL.—Ayers replies to Lydston's criticism in a former issue of the *Texas Medical Journal*, holding that mercuriol, while not a drug that will control every case, is the most reliable and easily borne preparation of mercury that he has ever used. It cannot, however, be given in solution, for it oxidizes quickly, a point which has not been mentioned elsewhere than in his former article. He gives it in the form of tablets in 1 gr. dose, three times a day, adding one grain more per day every fourth day until a slight salivation or looseness of the bowels is apparent. Every grain of mercuriol contains 1-10 of a grain of pure mercury which, of course, is a large dose.—*Jour. A. M. A.*

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INDICATIONS FOR A MASTOID OPERATION.—Dr. Philipp Hammond, in the *New York Medical Journal* of April 12, makes the following points regarding the indications for the mastoid operation: First, mastoiditis is always subsequent to purulent inflammation of the middle ear. Second, tenderness of the bone is an important symptom when present, but the mastoid may be full of pus with absolutely no tenderness. Third, bulging of the canal wall is a most important symptom. Fourth, the absence of temperature is no guide

whatever. Fifth, improvement in the hearing is usually indicative of subsiding inflammation in the middle ear. Sixth, the operation is safe and delay may be dangerous.

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HYOSCINE HYDROBROMATE AS A CYCLOPLEGIC.—In an article upon the comparative values of cycloplegics, by Dr. C. H. Baker, in the *Jour. A. M. A.*, of May 3, preference is given to hyoscine hydrobromate in 1-2 of one per cent. solution as being the ideal cycloplegic. It is recommended as being safe, sure, and its effects of short duration. Records of between 2,500 and 3,000 cases in which it has been used for refracting do not show a serious bad result from its employment. In these cases it has not failed to show every particle of refractive error that could be discovered by skiascopy or by the use of any other cycloplegic. In addition to this the action is prompt, but one drop in each eye being required to produce complete cycloplegia at the end of from 1-2 to 1 hour, with complete return of accommodation at the end of 48 to 60 hours. In view of these facts Dr. Baker believes that hyoscine hydrobromate approaches nearer to the ideal cycloplegic than any other drug we are at present acquainted with.

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TREATMENT OF SUPPURATION OF THE ANTRUM OF HIGHMORE.—In an article upon this subject in the May *Indiana Medical Journal*, Dr. L. C. Cline says that in operating he opens the antrum in two ways, viz: Through the alveolar process and the canine fossa, just under the ginglymoid fold. He much prefers the alveolar route as the drainage is better and it is less painful to treat. In either case the opening should be made large so that the cavity can be curetted and packed if necessary. He has dispensed with the antrum tubes to keep the hole open. A plug of cotton twisted and inserted in the opening is quite efficient and is much easier on the patient. With the use of cocaine the hole can be reamed out occasionally when it closes.

Diseased conditions of the antrum have been very much overlooked. When there is a granulated or polypoid condition of the mucous membrane it should be curetted and at first frequently douched out with hot boric acid or salt solution. The time it takes to cure a case depends entirely upon the size of the opening and the completeness of the operation and the persistency on the part of the patient to keep it clean. Much depends also upon the age and recuperative power of the patient. Patients must be furnished the



proper syringe and medicines and minutely instructed how to use them. They should return at intervals for inspection as they do not all respond alike to cleansing and washing. A too frequent use of peroxide of hydrogen in some cases will retard the cure by destroying the young epithelial cells. In some cases the too frequent use of water causes the mucous membrane to become watersoaked. In these cases a drying out, with the inflation of some powder like equal parts of boric acid and lactopepton, will facilitate a cure much better. Aside from keeping the antrum clean an occasional use of some stimulating or astringent application, such as some of the silver salts to stimulate granulation, may be required. Protargol in 2 to 5 per cent. solution has acted well.

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BURNS AND OTHER TRAUMATISMS OF THE EYE.—In an article upon injuries of the eyeball reprinted from the International Clinics, Dr. L. Webster Fox says:

The explosion of various gases causes the highest percentage of losses of vision, by either completely or partially destroying the eyeball. Gunpowder explosions probably rank first in the list. Boys on the Fourth of July, through excitement, grow careless, and as a result faces are scorched and eyes are burned. I recall an instance in which several boys were discharging a toy cannon. It hung fire, and one of the lads went to the cannon and blew into the touch-hole; the result was an explosion. I was called to see the case, and made an examination shortly after the accident. Upon elevating the eyelids I found that both eyes were more or less sprinkled with grains of powder and that the conjunctiva was considerably burned. In another case several boys were making and exploding mines. The fuse hanging fire, one of them blew on it, and almost instantly earth was thrown in every direction, some of the dirt flying into the boy's eyes causing serious impairment of his vision. I have had under my care several accidents caused by recklessly exploding "alarm cartridges." Gun powder explosions constitute only one of the many causes of accidents to the eyes which may come under your observation and demand your skill; among these may be mentioned boiling water, mortar, melted fat, acids (especially sulphuric acid), caustic potash, explosions from kerosene lamps or from gas, etc. In some of these accidents the cornea escapes and the conjunctiva only is injured. When the cornea is touched by a gas flame, hot iron, or melted lead, the epithelium of the cornea undergoes coagulation like

a layer of albumen, turns white, and is raised like a blister. The part of the eye thus affected always desquamates. If the burn has extended into the deeper layers of the cornea, very serious complications, tedious ulcerations, even perforation of the cornea, may ensue. Staphyloma sometimes develops and vision is ultimately lost. The amount of heat the eye can stand is marvellous. A hot furnace may be approached without injury to the eye, while the other parts of the face will be scorched.

In gunpowder burns of the face and eyes do not pick off the grains of powder from the cornea with a spud; the trouble is aggravated by irritating the already damaged cornea in this way. Wash the face freely with hot water. The water that enters between the lids will dissolve the grains of powder and cleanse the parts thoroughly. When examining the cornea keep the lids apart by using the speculum and irrigate the eyeballs with an eyedouche. While the eye is rotating gently try to remove the powder grains with a small pledget of cotton; this is the best means of removing foreign bodies of any kind from the cornea.

Hard substances, like emery or grains of sand, which have become imbedded in the tissues should be removed with a spud, after which liberally irrigate with water or a boric acid solution. After this treatment the eye requires rest; this is best secured by using atropine (one grain to three drachms), to prevent possible disturbance of the iris and ciliary body. Bandage both eyes with sterilized vaseline and eyepads. This treatment should be repeated at the end of twenty-four hours. When the cornea is hazy, instillations of eserine (one-quarter of a grain to three drachms) will aid in its preservation. For burns by alkalies apply melted tallow, any oil, unsalted butter, vinegar, molasses or sugar. These remedies are always at hand. It is well to resort to a dark room and to keep light from reaching the eye. Every case is a law unto itself, and careful attention must be given each case. Be very guarded as to the prognosis of all injuries, especially in the case of burns, for they are treacherous. A cornea immediately after the accident may show little or no morbid change, yet in three days may undergo complete exfoliation.



## BOOK REVIEWS.

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PROGRESSIVE MEDICINE, VOL. II, JUNE, 1902.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 440 pages, 28 illustrations. Per volume, \$2.50, by express prepaid to any address. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

Like its predecessors, which have been reviewed in these columns, the present volume is a thoroughly good digest. The contributors to this volume are: Alfred Stengel, M. D., who writes on diseases of the blood and ductless glands, the hemorrhagic diseases, and metabolic diseases; William B. Coley, M. D., surgery of the abdomen, including hernia; Edward Jackson, M. D. Ophthalmology; John G. Clark, M. D., gynecology. With the exception of 116 pages given to the consideration of diseases of the blood and ductless glands, hemorrhagic diseases and metabolic diseases, this volume is entirely surgical and presents in a clear and concise form the advances and improvements along this line during the past year. The type, paper, binding, illustrations, etc., are up to the high standard of the preceding volumes.

M. F. F.

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HEMMETER, DISEASES OF THE INTESTINES.—Their Special Pathology, Diagnosis and Treatment. With sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces, and Urine; Intestinal Bacteria and Parasites; Surgery of the Intestines; Dietetics; Diseases of the Rectum, etc., By John C. Hemmeter, . D., Philos. D., Professor in the Medical Dept. of the University of Maryland; Consultant to the University Hospital and Director of the Clinical Laboratory; Consultant to the University Hospital and Director of the Clinical Laboratory; Author of a treatise on

"Diseases of the Stomach," etc. In Two Volumes. Vol. II:—Appendicitis, Tuberculosis, Syphilis, Actinomycosis of Intestine, the Occlusions, Contusions, Rupture, Enterorrhagia. Intestinal Surgery, Atrophy, Abnormalities of Form and Position, Thrombosis, Embolism, Amyloidosis, Neuroses of the Intestines, Intestinal Parasites, Diseases of Rectum. With plates and many other Illustrations. Octavo, 675 pages. Published by P. Blakiston's Son & Co., Philadelphia, 1902. Price, Vol. II,—net, \$5.00. Set complete, \$10.00.

A perusal of this book will convince any one that it is the work of a well trained mind, thoroughly conscious of the responsibility which authorship entails.

Each subject is treated methodically, comprehensively, and in a thoroughly scientific manner. To each chapter is appended a list of the literature bearing upon the subject other than that referred to in the text. Appendicitis is the title of the first chapter, in which inflammations of the appendix are classified under three forms:—Simple or catarrhal, suppurative and chronic. Again in chapter VI. entitled Clinical Aspect of Intestinal Surgery; Border Lines Between Medicine and Surgery, under the heading, Surgical Treatment of Appendicitis, the author takes up the subject and says in his opinion there are eight essentially different types of disease which may be classified under the heading of appendicitis. This classification he bases partly upon clinical history and partly upon pathological anatomy. He believes that it is possible to distinguish simple catarrhal appendicitis, as long as it remains in this stage, from the other forms. He then proceeds to give the nature, concept, and course of these various forms. While we can not agree with the author in all points, yet we are impressed with the candor and fairness which marks his treatment of the subject. The prevailing German, English, French and American opinions are given under separate heads, then follows the author's personal practice and the article closes with a list of those writers who have given statistics of micropsies in addition to those referred to in the text, we cannot refrain from quoting with our hearty endorsement the following, which the author puts in italics: "Let every practitioner associate an experienced surgeon with himself in every case of appendicitis, even the simplest and mildest; let the patient be seen three or four times daily." Enough has been said to indicate fairly well the thorough manner in which the subject of appendicitis is treated and from this may be



judged the balance of the work. The concluding chapter of the work, Diseases of the Rectum, is by Thos. Chas. Martin, Ph. D., M. D., of Cleveland. This fact should, it would seem, be mentioned on the title page, but it is not. The illustrations are all good and many of them beautiful. In our opinion it is the best treatise on diseases of the intestines extant.

M. F. P.

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THE INTERNATIONAL TEXT-BOOK OF SURGERY.—By American and British Authors. Edited by J. Collins Warren, M. D., L.L. D. Professor of Surgery in Harvard Medical School; Surgeon to Massachusetts General Hospital; and A. Pearce Gould, M. S., F., R. C. S. Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. Vol. I. General and Operative Surgery with 458 Illustrations in the Text, and 9 Full Page Plates in Colors. Philadelphia and London. W. B. Saunders & Company, 1900. Price per Vol., Cloth \$5.00. Sheep or Morocco, \$6.00 net.

Dr. Harold C. Ernst of Boston, writes the chapter on Surgical Bacteriology; Dr. J. Collins Warren those on Inflammation, Suppuration, Erysipelas, including Hospital Gangrene and Tetanus, Operative and Plastic Surgery, and Dislocations of the Hip. Cabot of Boston is the author of the chapter on the Surgical Pathology of the Blood. George Ryerson Fowler of New York writes the chapter on Wounds, including Effects of Lightning, Shock, Fat Embolism and Repair of Special Tissues. Constitutional Reactions to Wounds and Infections is given a special chapter, written by Weller Van Hook, of Chicago, who also writes the chapter on Hydrophobia. Anthrax, Glanders, Actinomycosis, Madura-Foot, Snake-Bite, and Insect-Bite.

Walter George Spencer of Westminster Hospital, London, writes the chapter on Gangrene; I. H. Cameron, of the University of Toronto, that on Surgical Tuberculosis; while McBurney, of New York, assisted by Frank Oastler, writes that on the Technic of Aseptic Surgery.

Minor Surgery is treated by John Chalmers Da Costa, of Philadelphia; Anesthetics and Surgical Anesthesia by Geo. W. Gay, of Boston; Tumors by J. Bland Sutton of London; Fractures, by Lewis S. Pilcher of New York; Injuries of the Joints, including Disloca-

tions by Geo. Henry Makins, of London; Diseases of the Bones, by Watson Cheyne, of London; Diseases of Joints, by De Forrest Willard, of Philadelphia; Orthopedic Surgery by Rushton Parker, of Liverpool. E. H. Bradford and Howard A. Lothrop both of Boston are the authors of a special chapter on Congenital Dislocations of the Hip, Flat-Foot and Club-Foot.

Geo. H. Monks, of Boston, writes the chapter on Surgery of the Muscles, Tendons and Bursae; L. McLane Tiffany, of Baltimore, that on Cranial Surgery; C. H. Golding Bird, of London, that on Surgery of the Spine; Maurice H. Richardson, of Boston, that on Surgery of Peripheral Nerves; Herbert L. Burrell, of Boston, that on Surgery of the Heart and Blood Vessels. The closing chapter is on the Surgery of the Lymphatic System and was written by the late John B. Hamilton, of Chicago.

A study of the foregoing list of authors and their subjects will show that the writers are all men of recognized ability and that for the most part the various subjects are treated by men who are particularly fitted to speak with authority concerning them. The publisher's work is well done. The second volume of this work is now in press and the excellency of this leads us to expect much of that which is forthcoming.

M. F. P.

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### DON'T JUMP TO CONCLUSIONS.

The *Revue Medicale* for February 15th tells the following story: At the hospital: Clinical professor (to patient): What is your occupation? Patient (with bronchial catarrh): A musician, sir. Professor (to the students): Here, gentlemen, I have an opportunity of clinically demonstrating to you a fact to which I have frequently referred in the lecture rooms—namely, that fatigue and the respiratory efforts called for by the act of blowing on wind instruments are a frequent cause of the affection from which this man is suffering. (To the patient:) On what instrument do you play? Patient: The big drum, sir.

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Willie: Pa, can any one see through glass?

Pa: Certainly, Willie.

Willie: Then why can't Uncle Henry see through his glass eye?

—*Exchange.*



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### SOME OBSERVATIONS ON INTRANASAL SURGERY. \*

BY ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio. Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

In a consideration of the subject of intranasal surgery, as concerns the indications for surgical treatment within the nose and the methods to be employed, it is advisable to take into account the function of the nose and those conditions which alter it and render remedial measures necessary.

The function of the nasal cavities is regarded by most physiologists as essentially three-fold, and is usually considered in relation to respiration, olfaction, and phonation. In respiration the nose serves an essential purpose in warming, moistening, and purifying the air by arresting foreign matter. The moisture is derived from the excessive glandular secretion, the warmth from the abundant vascular supply, and the purification is effected by the tendency of foreign particles to lodge on the membrane if not already arrested by the hair at the entrance of the passage.

\*Read before the annual meeting of the Indiana State Medical Society, at Evansville, May 23, 1892.

The function of smell is assisted by the dissolving in the secretion in the nose of minute particles emanating from odoriferous substances which are drawn into the nasal cavities during inspiration. These particles dissolved in the mucus thus come in direct contact with the terminal filaments of the olfactory cells.

In phonation the nasal cavities play a very important part by forming a resonating chamber necessary for the production of the full, clear, sonorous tone of the normal voice.

Any alteration in the anatomy of the intranasal tissues is quite apt to impair one or more functions of the nose. Any obstructive lesion within the nasal cavities will to a greater or less extent affect all three of the principal functions of the nose. The lessening of the calibre of the air passage will prevent the proper current of air from passing through, the lessening of the size of the chamber will interfere with the phonation by destroying a part of the resonance, while the altered condition of the tissues as a result of congestion and thickening or pressure will affect the glandular secretion and seriously interfere with not only the proper moistening of the inspired air, but in the dissolving of odoriferous particles which stimulate the sense of smell.

The most important tissue within the nasal cavities is the mucous membrane, the principal function of which is to secrete mucus. When altered by disease its physiological product is changed and does not serve its proper function. Even when the membrane is normal as to its function, yet the construction of the nasal cavity may be such as to permit of the accumulation of secretion within that cavity, with the development of a suitable nidus for the lodgment of dust and other irritating materials which would soon cause local alteration of the tissues, besides perverting the secretion and offering a nutrient media for the development of bacteria. Certain malformations of the nasal passages, as in deviation of the septum, by misdirecting the air current, thus causing it to act as an irritant, may be a predisposing factor in the production of inflammation in the nasal cavity.

An enumeration of both the predisposing and exciting causes of inflammation within the nasal cavities would be but a repetition of the causes of inflammation in any portion of the body, with the added consideration of a highly sensitive tissue readily and often affected by irritants.

Among the results of inflammation depending upon more or less prolonged irritation and other pathological conditions or mal-



formations, the successful treatment of which requires surgical procedures, may be mentioned the various forms of chronic rhinitis (with or without hypertrophy), tumors (principally myxomatous) and deviations or deformities of the septum.

A glance at the various text-books on diseases of the nose that have been published within the past 20 years shows us that our ideas regarding the treatment of the affections enumerated have been frequently changed, and that even within the past two or three years there has been a radical alteration of our views with reference to the procedures to be adopted in the treatment of those conditions of the nose long considered surgical affections. Whereas it was once considered sufficient to establish an unobstructed passage through the nose, without particular reference to any other function save that of getting a sufficient quantity of air through the nasal passages, it is now considered absolutely and imperatively necessary to preserve as much of the normal tissue and functions as possible. I am sorry to acknowledge that even to-day many men with a superficial knowledge of intranasal pathological conditions are making the mistake of not arriving at a definite diagnosis before beginning operative procedures with the saw, knife, scissors, and cautery.

There is a vast difference in the operative procedures to be adopted to successfully and properly treat the various forms of chronic rhinitis, and the differential diagnosis should always be taken into consideration before beginning surgical treatment. In all of the forms there is obstruction, but not all the forms should be treated by destruction of mucous tissue. In simple chronic rhinitis, for instance, there is, as a result of prolonged inflammation, a loss of the normal contractility of the vessel walls, and the venous cavities of the turbinated bodies become enlarged through over distension. There is more or less stoppage of the nose as a result of the swelling of the turbinal tissues, but this obstructive lesion must not be mistaken for true hypertrophy which remains as a permanent obstructive lesion unaffected by vaso-constrictors, as is the case in simple chronic rhinitis. The thickened mucous membrane, with large and spongy turbinates, usually necessitates radical treatment; but preservation of the function of the mucous membrane should be accomplished by the adoption of such surgical measures as will not result in destruction of tissue and extensive cicatrices in the most important membrane.

I confess to having employed, in earlier years, for the treat-

ment of this affection, longitudinal cauterizations with the actual cautery, and have secured some very satisfactory results through this plan of treatment. The results, however, in many cases might have been much more satisfactory, in the sense that the functions of the nose could have been more fully preserved, had I broken up the sub-mucous membrane longitudinally from one end of the inferior turbinate to the other, down to the bone; or made longitudinal incisions with the knife through the mucous membrane down to the bone, with the result of securing a small linear cicatrix in each case instead of the inevitable larger cicatrix produced by actual cautery. The sub-mucous incision—the knife or curette being carried to the bone—will set up an inflammatory process sufficient to produce rapid inflammatory change, with contraction of the tissue and reduction of the swelling.

The same treatment is applicable in that form of chronic rhinitis known as intumescent rhinitis, a condition similar to the simple chronic rhinitis, but differing from it in the appearance of the membrane and amount of secretion.

It is possible to secure an equally good result with a fine cautery needle in the hands of an expert, but in the majority of instances, even with skilled manipulation, the destruction of healthy mucous membrane is altogether too great to be classed as equal in advantage to the submucous operations performed with knife or other instrument which gives but a line of scar tissue as a result of the operation. If the cautery is preferred for any reason I believe the best results will be obtained from a sub-mucous operation, the fine pointed cautery piercing the turbinated at the anterior end, being carried to the posterior end under the mucous membrane and then withdrawn, the point being in contact with the bone during withdrawal.

In the hypertrophic or hyperplastic form of rhinitis there is more or less obstruction within the nasal cavity as a result of an increase of the connective tissue elements of the sub-mucosa. The increase is essentially an hypertrophy, and the increase involves all the structures which go to make up the normal tissue elements of the turbinated bone and its covering. Inspection shows thickened, greatly enlarged turbinates, the inferior being most markedly affected by the hypertrophic changes. The tissue does not indent on pressure as in the case of simple chronic rhinitis or intumescent rhinitis, but remains as a dense mass which more or less occludes the entire nasal cavity.



In the treatment of this condition it is well to remember that there can be no return to the normal function of the mucous membrane, while in the other varieties mentioned, by the proper treatment, such results can be obtained. The main object of treatment, therefore, is to obtain a sufficiently large opening through the nose to permit the proper amount of air to pass through, by the removal of the thickened tissue, thereby allowing the normal elements yet remaining and not involved to functionate properly.

The operative procedures selected for the treatment of true hypertrophy of intra-nasal tissues should be those which promise the patient an adequate breathing passage, with the destruction of the least amount of tissue. With an overhanging or shelving inferior turbinate, complete removal of the lower or pendulous portion by saw, scissors or knife will usually give the patient very satisfactory results. With a broad, flat, and greatly hypertrophied turbinate which fills or nearly fills the nasal cavity, an operation consisting of the removal of a linear V shaped section from the center or thickest portion of the turbinate, from before backward, down to the bone, with attending contraction in the same direction, will usually suffice to affect a sufficient breathing space. The section may be made by means of a saw or knife, or in selected cases the electric trephine. Personally I prefer to dissect up the mucuous membrane before making the section, with a view to preventing as near as possible the destruction of any healthy mucuous membrane. The V shaped gap, the base of which faces the septum, will now close on itself and the contraction will leave on the surface a linear scar parallel to the long axis of the bone. As much tissue should be removed as will entirely free the nostril and relieve irritation.

Some of the standard text-books recommend the use of the actual cautery in the treatment of hypertrophic rhinitis, but I can only condemn the treatment on the ground that other surgical treatment accomplishes the same results with less destruction of tissue, less discomfort to the patient, and certainly less danger from infection. The resulting scar from cauterization, except in rare instances, is always greater in extent than a scar from a clean cut incision, giving an unnecessarily large area of non-functionating tissue which intereferes with the proper function of the nose and remains as a nidus for dessicated mucus.

Personally I would also condemn the use of chemical escharotics within the nose, notwithstanding the fact that their more or less free use is advocated by some well known authorities. The ac-

tion of a chemical escharotic cannot be definitely controlled, and in nearly every instance there is more destruction of tissue than is either required or desired. As between a chemical escharotic and the actual cautery I would prefer the latter because of the ease with which it can be controlled. Yet, neither are as suitable for the destruction of tissue and the production of contraction, so much desired in obstructive lesions due to enlargement of the turbinates, as the knife, saw, or scissors.

Among deformities of the septum producing more or less obstruction of the nasal cavities we have deviations and thickenings consisting of enchondroses, exostoses, etc. Deviations vary in character and extent, but except in those cases in which the deviation amounts to a positive obstruction of the passage on one side or the other, with the attending irritation and inflammation, surgical treatment is usually unwarranted.

The operations devised for correcting a septal deformity are numerous, and a selection of the procedure will depend upon not only the kind and extent of the deformity, but the individual opinions of various operators as to the best mode of correction. Seldom, if ever, is it possible to secure correction of the deformity without fracture of the bone, and maintainance of the fractured pieces in the perpendicular plane until reattachment occurs. The Asch operation, or some modification of it, in which the septum is incised at the lower border, close to the palate, and the deviating portion forcibly crowded by forceps into a perpendicular plane, is the one most popular at the present time and perhaps the most successful. Variations in the operation, so far as the extent and location of the incision is concerned, will depend upon the character of the deviation. Metal tubes worn for two or three hours at a time, twice a day, are usually sufficient to retain the septum in the new position.

In those cases in which there is a knuckle, or right angle deviation, it is customary among some operators to remove by saw or knife the corner of the knuckle, and then forcibly reduce the deviation, the septum being retained in the new position by the metal tubes or splints, as in the Asch operation. In this operation no cartilage or bone should be removed until after the mucous membrane has been dissected up in order to prevent its destruction.

The removal of cartilaginous spurs, which are common obstructive lesions within the nasal cavities, should be done by saw or knife, the mucous membrane being first dissected up before the growth is removed. The use of the cautery upon spurs or car-



tilaginous growths of the septum, as practiced by some physicians, I can only condemn as poor surgery and not conducive to the securing of the best results for the patient.

Polypi or myxomatous growths are common obstructive lesions and require operative treatment. It would seem unnecessary to condemn the old method of pulling and twisting these growths until they are removed, together with more or less healthy mucous membrane and in some instances a portion of bony tissue as a result of such unsurgical treatment, yet, I have recently treated two cases in which a so-called specialist destroyed a large area of mucous membrane along the upper portion of the septum and superior turbinate in his efforts to remove polypoid growths by forceps and the twisting treatment. Polypi are nearly always pedunculated, and as such are amenable to surgical treatment by means of the cold wire snare. Such remnants of the pedicle as remain after the use of the snare, if seen, can be removed with cutting forceps which make a clean bite and do not tear. Some text-books recommend and I formerly followed the practice of cauterizing with the actual cautery the pedicle of each polypus. Recurrence of the polypi, despite this treatment, and the production of mild septic inflammations and danger of infecting accessory sinuses, has led me to abandon cauterization of the stumps of polypi entirely, except in those few rare cases where the stump is fully exposed in its entirety and can be accurately and thoroughly removed with but a minimum amount of destruction of surrounding healthy tissue, and even in such cases it is possible that the stimulation by such treatment tends to the production of more polypi in the immediate vicinity, the tissues already having the susceptibility.

As general considerations in the discussion of the subject of intra-nasal surgery, I desire to express my appreciation of the very great value of solutions of adrenalin, the active principal of suprarenal gland, in contracting the blood vessels and rendering it possible to do a practically bloodless operation in nearly all instances. In conjunction with a 5 per cent. solution of cocaine (and a stronger solution of cocaine is seldom required), the tissues are both anaesthetised and blanched to such an extent that all ordinary operations within the nasal cavities are performed with but little if any pain or hemorrhage.

Of instruments for operating within the nasal cavity there are a large number and great variety, the selection and use of which will depend upon individual preferences. Among saws I prefer

the narrow, thin blade with fine teeth and no setting. I have lately adopted and much prefer an exceedingly short saw upon a long shank, for the reason that with such an instrument there is less opportunity for injuring tissues other than those intended for removal. For the same reason I prefer the various cutting forceps which can be manipulated with the same accuracy and effectiveness. Of snares one should be selected that is strong, quickly threaded with wire which recedes into the canula when fully tightened by compression of the handles or screwing down of the threaded nut, as the case may be, and above all else should be so constructed as to permit of thorough sterilization. Steel piano wire in sizes from four to six is an ideal wire for use in any nasal snare.

Scissors, forceps, saws and other instruments intended for use within the nose are best adapted to the purpose when made with bent handles so as to permit of a better view of the field of operation. All nasal instruments should be made as narrow or small in circumference as possible, consistent with the proper amount of strength, with the idea of obstructing the view of the field of operation as little as possible. Nothing is so conducive to thoroughly bad intranasal surgery as large, clumsy and otherwise faulty constructed instruments which neither permit the operator to see exactly what he is doing or to perform the intended operation in a scientific and skillful manner.

The maleable nasal tubes or so-called splints made in different sizes, which can be shaped by the surgeon to fit any opening, have done much to facilitate the maintenance of patulousness following operative procedures within the nasal cavity. Care must be taken, however, to prevent erosions and ulcerations through too long wearing of the tubes. Two or three hours, once or twice a day, is usually the limit during which tubes can be worn without danger of complications as a result of the treatment.

As packing to control hemorrhage following operative procedures, nothing answers better than the continuous strip of gauze applied to the nasal cavity by means of Darmack's gauze packer. As a cleansing solution preceding and following surgical operations, nothing is better than the well known Dobell's solution properly sterilized, which is detergent and slightly antiseptic, though unirritating.

Thorough sterilization of instruments and everything else that is to go into the nose is of course not to be overlooked or slighted in any case.



Anything else than surgical treatment is not a consideration in this discussion, but I cannot overlook the fact that following operations within the nasal cavities recovery is quicker and results more satisfactory if local detergent and antiseptic applications are employed until the tissues have been restored to a fairly normal condition. Likewise it should not be forgotten that an impoverished general system and unhygienic surroundings are both a hindrance to the best results following intra-nasal surgery, and due attention should, therefore, be given such conditions.

Finally, it may be truthfully said that the highest success following surgery within the nasal passages will result, not so much from the removal of obstructive lesions, but from the manner in which such lesions are removed and the appliances employed for the purpose. And again, if there is any one cardinal rule that should never be lost sight of in operating within the nasal cavity, it should be to remove or destroy the least possible amount of healthy and functioning tissue consistent with the object to be attained by the surgical treatment. The clipping, sawing and burning done by many physicians under the mistaken notion that any procedure that opens the passage is sufficient, cannot be condemned too strongly. Like surgery in any other part, intra-nasal surgery should be performed with prudence, skill and with a full knowledge of the necessity of preserving as much of every function as possible.

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### TUBERCULOSIS. \*

BY BUDD VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine and Clinical Medicine in the  
Fort Wayne College of Medicine.

Mr. Dean, Gentlemen of the Faculty and Graduating Class of the Fort Wayne College of Medicine, Ladies and Gentlemen:—Your presence here to-night betokens either a personal interest in one of the graduating class or faculty, or an impersonal interest in things medical, so that I propose to discuss a subject of interest to yourself perhaps, but certainly so to your friend.

I shall endeavor to free my language from all technicalities so that its import may be appreciated by all.

There is nothing mysterious about the knowledge of disease. Such knowledge is gained in the same way that all other knowledge

\* Valedictory address delivered at the Commencement exercises of the Fort Wayne College of Medicine, March 24, 1902.

is gained,—by persistent and painstaking effort. And while we can not all be experts in all branches of science, each can be an expert in whatever he elects to be provided only that he possesses sufficient persistency and energy. Those who have elected to become experts in the knowledge of disease must labor long and earnestly in the dead house and laboratory and at the bedside, with test-tube, microscope, and scalpel, often at great personal risk, and when they have discovered a point of value to sufferers they should give it freely to all the world. The world already owes much to such unselfish labor. Many diseases have become better known, and more manageable because better known, as a result of such study. Yellow fever, it is thought, has become capable of extinction. If proper care be taken cholera and typhoid may be escaped although in daily contact with them.

I do not wish to make experts of all of you who are here to-night upon the subject of tuberculosis, even if it were in my power so to do, but I do wish that each of you have enough knowledge of the disease to prevent you from getting it, or being unfortunate enough to have already acquired it, that you know enough to prevent your loved ones from contracting it from you, and not your loved ones only, but those too, who are dear to some one else. I want you to realize also that even if you have been unfortunate enough to have already contracted tuberculosis, your case is not altogether hopeless. If it is yet in the incipient stage the chances are largely in favor of its being cured, and by correct living it will stay cured.

Tuberculosis is the name given to a number of affections produced by the tubercle bacillus.

The tubercle bacillus is a short rod. By actual measurement it is 1-5 to 3-5 microns in length and from 0.2 to 0.5 microns in breadth. A micron is the millionth part of a meter. A meter in English measure is 39.37 inches. This bacillus is therefore on the average about 1-25,000 of an inch in length and 1-6 to 1-5 as broad as it is long. Just try to imagine an object so small that 25,000 placed end to end would only measure an inch. It is hard to think an object so small is capable of so much mischief. It is so minute that it can not be seen, even by a lens that magnifies 1,000 times, unless it is first dyed a bright red.

It has been proven beyond the shadow of a doubt that this minute organism is the sole cause of consumption. The individual simply furnishes the conditions which are necessary for its growth and the bacillus does the rest.



If it were impossible for one to come in contact with these bacilli and our lives could be so regulated and guarded as that we should never be exposed to this contagion, we would, of course, never contract this dread disease, no matter how many of our immediate family had succumbed to it. But this is as yet impossible. It is safe to say that we have all been exposed to this scourge time and again. We have all of us had these germs within our own bodies many times; but we have not all contracted tuberculosis. There must therefore be some cause at work to prevent it. Without entering into detail, let me state that the reason we do not all contract tuberculosis is that some of us offer very poor conditions for the growth and development of this germ, and where it does not find these favorable conditions it can not multiply sufficiently to produce its effects.

This difference in the soil, or this susceptibility of body, is what is transmitted from generation to generation and is what makes it hard or easy to contract the disease.

This proneness to tuberculosis is greater in some races than in others. The negro race is very prone to it as is also the Indian. There is no race or country or clime where it is not known however.

It numbers its victims by the millions. Without some study of the subject you could not realize what a scourge this disease has been to the world.

In pre-Jenner days small pox was responsible for many deaths and a great deal of suffering. It depopulated whole towns, decimated others, and was constantly present. Vaccination has changed all this and the public to-day are not so fearful of small pox as they were a century or more ago, when 3,000 of every million of the people of England and Wales died of this scourge. In the same countries in 1890 only 15 deaths were due to small pox. The history of this disease records frightful mortality rates when introduced to new and unprotected peoples.

Asiatic cholera has marched over this continent a number of times leaving death and destruction in its wake, and Europe and the Orient have had many such epidemics the result of the devotions of the pilgrims who gather at certain seasons to perform their ceremonial ablutions in the sacred river.

Yellow fever has its own terrible record and it comes near enough to us for all of us to be somewhat familiar with some of the later epidemics in the southern states.

Bubonic plague has, in times past, when less was known of state medicine, proved worse than war.

Typhoid fever yearly adds new names to its roll of victims which number untold thousands even in our own state.

Then there are all of the acute infections of childhood, which are so much dreaded, as scarlatina, diphtheria, measles and whooping cough. It may startle you to know that the mortality from all of these combined, with that of war included, would not equal the mortality from tuberculosis.

It was formerly taught that of all who died one of every six was dead of tuberculosis in some form or other, and even now one death in seven can be attributed to it. Mackenzie says, (Gibson's Practice) "Tuberculosis is by far the most important disease to which the human race is subject. It attacks a third or as some have estimated, half of the population of European countries and kills a sixth part of the whole race. It prevails in almost every part of the world, among all races and all conditions of men. It exists to a wide extent among domesticated animals and in some of these proves as fatal as it is in man. It invades every organ and tissue of the body, but has a special affinity for the respiratory tract."

It has been estimated that 150,000 people die annually in the United States alone from this disease. The United States census gives 102,188 deaths in 1900 from tuberculosis, and it is not probable that this includes them all. Do you comprehend this statement? One hundred and fifty thousand people die annually of this disease in the United States alone. Or say that three cities the size of Fort Wayne are completely depopulated each year by tuberculosis.

What horror the country exhibited when Johnstown and Galveston were destroyed. How rapidly money flowed in to relieve the distress. Yet here is a disease which destroys, let us say, Terre Haute, Evansville, and Fort Wayne and no public relief is attempted. It will do it again next year as it has every year in the past. Of course the buildings are not razed to the ground, but what is worse the lives of the inmates are lost.

But this statement, terrible as it is, does not convey an idea of the total suffering caused by this disease because many suffer from it and get well. The number of persons actually sick of this malady in this country is 1,050,000, or one in about every 60.

On the basis of 45,000 population there would be 750 cases of tuberculosis in Fort Wayne at the present time. I need not attempt



to picture the state of alarm that would prevail if we had 750 cases of small pox in the city.

Dr. J. N. Hurty, the very efficient secretary of the Indiana state board of health, is authority for the following: "The subject of tuberculosis concerns this state to a degree which it is hardly possible to understand. From all forms of tuberculosis there were 4,745 deaths in Indiana in 1900, and of this number 3,164 were caused by the pulmonary form. I estimate that at any moment mentioned, there are in Indiana, not less than 25,000 persons afflicted with tuberculosis, the majority of whom must die from the disease within four years. Dr. Vaughn estimates the number at 30,000. I find by careful census that we have on an average two consumptives in every poor-house, and as there are 92 poor-houses in the state, this makes 184 consumptives being cared for by the public. We find also that there is an average of 1 1-2 consumptives being cared for by outdoor township relief in each of the 1,013 townships in the state. This makes in round numbers 1,700 indigent consumptives being cared for at public expense." We will return later to this phase of the subject.

The question of how this bacillus gains entrance to the body is one of vital importance if we would learn how to avoid it. It uses several different routes. It may gain entrance through the skin in those whose occupation brings them in contact with tuberculous material. Ravenel reports four cases of undoubted infection in performing postmortems on cows. It may be taken into the stomach and escape destruction by the gastric juice, and in babies in whom the gastric juice is not so acid as it is in adults and who are fed solely on one article of diet, if that material be swarming with tubercle bacilli as it sometimes is, it is not to be wondered at that they occasionally contract intestinal tuberculosis from such food.

Tuberculous milk and meat then constitute a real danger not only to children, but to adults also, the latest dictum of Koch to the contrary notwithstanding.

The most frequent avenue of infection is through the respiratory tract and comes about through carelessness or ignorance in the disposition of the spittle or sputum. The expectoration of consumptives contains millions of these germs. It is estimated that there are about 700,000,000 thrown off by the average consumptive in the day. While they are moist they are incapable of causing much harm because they do not gain access to another's respiratory tract in that condition. But when they dry, they float upon the particles of dust

with which the air of the room is laden and are taken into the lungs of persons breathing such air.

Dr. B. G. Hannum, at his laboratory in Cleveland, according to the *Cleveland Medical Journal*, has recently been making bacteriological investigations of sputum, specimens of which were obtained in a novel and unusual way. With an assistant he visited hotel lobbies the entrances to the different theaters and public buildings in general, and gathered from these places sputum which had been deposited upon the floor by unthinking and reckless people. From the sidewalks and floors of street-cars other specimens were gathered until in all he had more than one hundred in his laboratory. He began then a careful, painstaking, systematic examination of these specimens, with the result of finding that a very large per cent. of them were more or less infected with tubercular bacilli, some of them being completely infested, others less so. In still others there were pneumococci, and the bacillus of influenza. He cites one instance which brings the situation home to our ladies. A man walking along expectorated upon the sidewalk, and immediately following him came a lady whose dress trailed through the deposit.

Dr. Hannum gathered what was left of it, and upon examination found it reeking with tuberculous matter. The greater part of the quantity, however, was wiped up by this lady's skirt, was taken to her home by her where it became dry, finally mingling with the dust of the atmosphere therein. Some doctor will wonder how under the sun tuberculosis could have developed in that family.'

In the lungs the bacilli find the conditions necessary for their growth if they be not destroyed by the action of the tissues and juices of the body.

There is, then, a constant warfare going on between the body and invading bacteria. Many times the body is successful in its resistance, sometimes, however, the invaders succeed in establishing themselves. It is dangerous, then, for all to breathe dust carrying these bacilli and especially those who have a predisposition to tubercular disease. But how are we going to avoid it?

I answer, by attempting to control those afflicted with it. By teaching them the proper disposition of the sputum. By building a sanatorium with state funds to which all so afflicted may be sent for treatment. By maintaining scrupulous cleanliness in all places of public gatherings, public conveyances, etc.

Not all tubercular patients are confined to the room and when they visit a theater or church or any gathering and expectorate



upon the floor of such building they become a menace to every one else in the building. And whether they are the subject of tuberculosis or not, there are other disease-germs, such as those which cause pneumonia and sore throat of various kinds, which are frequently found in the mouths of ambulant persons, which are transmitted in the same way. This practice so repulsive to one long before any knowledge of its danger is appreciated should be punished more severely than the infraction of laws against other nuisances.

I had occasion to make a railway journey of six hours recently. Occupying a seat in the day coach directly across the aisle from me was a spare, pale-faced, bright-eyed man with a hunted look upon his face whom I at once diagnosed mentally as a "lunger" in the inelegant, but forceful phraseology of the west. In a short time he began coughing and expectorating upon the floor of the car which was already stained by spittle dried or drying. I thought of the millions of tubercle I was, or soon would be inhaling, and concluded to move. But where was I to go. The smoking car required a boat and lessons in nautics to navigate it and in the parlor car were too many unseen foes concealed in its rich carpets and hangings. The smoker looked what it was; the Pullman reminded me of a sugar-coated confection which contained a deadly poison. And what assurance had I that I was not moving to a worse place than the one I already occupied. So there I sat hearing him cough and expectorate on the floor of the coach, speculating on how long a time would elapse before it would be dried by the steam pipes and find its way into the nostrils of some unsuspecting passenger who would wonder how he could have contracted it since there was none in the family.

My fancy led me to wonder who might be depending upon them for support and how long it would be before the infection proved fatal. Who would contract it from them, and the endless chain of cases arising from this one, and how easily it might all have been prevented. I thought of my own chances and resolved anew to keep my nutrition at its acme to prevent it. And that is what we should all do. We should take proper exercise, eat proper food and get enough sleep. Our bodies will then be in the best possible condition to resist any infection.

But we should do more. The state of Indiana should provide a suitable sanatorium for the treatment of its indigent consumptives. It provides for idiots and lunatics, and properly so, for they should

be treated and kept from propagating their kind. Tuberculosis should also be cared for by the state, because it is contagious and again because a large number are curable.

Dr. Hurty's reasons for a state sanatorium are the following: The money spent in their care would be less in an institution than as at present, hence an economy would result. Second, fully 20 per cent. would be returned cured, while at present every one will die. Third, those who are cured would return home to become teachers of their fellows in regard to disease prevention. Fourth, while at the institution they would not be infecting their homes with the disease and thus contribute to its spread. Fifth, the whole idea is humanitarian and would benefit the people as a simple moral movement.

Lord Beaconsfield said that the "public health is the foundation on which reposes the happiness of the people and the power of a country."

If the state owes it to the mentally deficient to attempt to improve their condition and offer asylum to those incapable of any improvement, it certainly owes it to the indigent consumptive to provide the means for his cure, and it owes to the sound population freedom from even occasional exposure to infection by this disease.

In the matter of protection against contagion our own city is lamentably at fault, and if you will pardon the digression, allow me to say that it is a blot upon the fair name of our city that we have no public hospital where those the subject of ordinary contagious diseases may be sent for treatment. If a sojourner is found afflicted with a contagious disease in one of our hotels or boarding houses, he must stay there because he is not welcome at either of our hospitals, and rightly so, for he is dangerous to its inmates who have troubles of their own. The hotel at once suffers pecuniary loss because of the exodus of its guests who fear infection. When a laboring man who is struggling to provide for a large family finds a case of scarlatina in his household, he is told to stay at home; his income stops and his expenses are increased, and not only so, but the lives of all the rest of the family are jeopardized because usually the sick one can not be isolated in his humble home. And this is not all: the neighbors and friends are excluded, which is proper of course, though their help and sympathy are sorely needed by the wornout, but faithful mother who often undermines her own health in her efforts to save the child. If they have been able to keep help they are sure to lose it on the first intimation of contagion.



It has been the endeavor of those who see these things to have the city provide a place where such a case could be cared for, but as yet we have been unsuccessful. The child could be accompanied by its mother if she so desired. It would then receive better nursing than she alone could give it at home, and its chances of recovery would be thereby improved. The danger of infecting the rest of the family would be materially reduced, and the head of the family could be allowed to continue his usual avocation.

Neither of the hospitals of our city dispense any charity, and I would here suggest that any one who desires to do practical charity, could do more good with a given sum of money by contributing to a fund which shall endow a free bed, than in any other way. Most other cities of even population have a city hospital where the sick poor are treated free of cost. As it now stands the sick poor of this township are treated at one or the other of our local institutions and paid for from the township funds by the week, or they are sent to the county asylum where there are employed no trained nurses and hospital facilities are meagre or wanting. This general hospital should be supplied in connection with the one for the care of contagious diseases, which combination is safe and practical.

I have already shown that the people of Indiana are supporting in almshouses and by township relief 1,700 consumptives. As a purely business proposition it would be less expensive to care for these cases in an institution than as at present. Without wearying you with figures it is estimated that this saving after the buildings were provided would amount to \$37.00 per case and then a large percentage would be returned to their families fully able to provide for them, whereas they are now all doomed to certain death.

Massachusetts has such an institution and 20 per cent. of all who enter are returned cured. A large percentage are improved and some of them, of course, perish. The popular idea of the mortality of consumption is proven wrong by the statistics of this and other sanatoria. In this one the cases are taken just as they come so long as there is any chance for improvement: Hopeless cases are not admitted as it is not in any sense a home. The percentage of cures is therefore relatively small. In some other institutions where only those with the disease in the first stage are admitted, the number of cures rises as high as 75 per cent.

The British congress of tuberculosis adopted a resolution declaring the provision of sanatoria an indispensable part of the measures for the diminution of tuberculosis.

To show that governments are beginning to appreciate the national importance of this disease it may be related that the French parliament in a recent session constituted a commission of 32 members to investigate the causes and prevalence of pulmonary tuberculosis in France and the progress that has been made toward its cure. The commission finds that the disease is a real national peril to France because the population is almost at a standstill. A municipal dispensary for the treatment of tuberculous patients is, however, soon to be erected in Paris, the result of donations amounting to \$800,000 by two ladies.

Treatment of those sick of this disease in sanatoria then is one of the most potent factors in preventing the spread of this disease to those not yet infected. This, however, does not comprise all of our duty in the matter. Public buildings should be properly disinfected after each gathering. This would not only prevent the spread of this disease but others as well.

All schools should have a physician whose duty it should be to inspect all scholars daily for contagious diseases and it is needless to say that tuberculosis should be included under this head.

The city of Boston has, for the past six and one-half years, had established a system of school inspection by physicians appointed by the Board of Health of the city. These physicians visit all the schools soon after the opening of the morning session each day. Every class teacher reports to the principal, early in the session, on the condition of the children in the class. If any children seem to be ailing in any way the inspectors attention is called to them. He examines them, and in the case of non-infectious diseases advises treatment by the family physician, but in the case of contagious diseases, he orders the child home and establishes quarantine as a representative of the board of health.

The great advantage arising from this inspection is the early discovery of symptoms of infectious diseases among children. Such early discovery and the prompt measures there upon taken have resulted in putting a stop to epidemics that could easily have become, through neglect, widespread and disastrous. The superintendent, whose report I am quoting, says, that in respect to infectious diseases parents now have reason to feel that their children in school are much better protected than they would be without daily medical inspection. And as regards other diseases the earlier medical attention often secured in consequence of the inspectors visits is recognized as a great benefit. The masters of schools have learned to



depend upon the advice of the medical inspectors in various matters relative to the health of the pupils and the sanitary condition of the school houses.

I, myself, frequently see tuberculosis among school children and there is not a physician in this city who does not have the same experience. Do you want your child exposed to the danger of contracting tuberculosis by daily contact with such a one? Then, too, many of our local epidemics of measles, whooping cough, scarlatina, diphtheria, chicken-pox and mumps would be obviated by the early recognition and removal of such a case from the school room. A few years since I waited on six children in different families sick of scarlatina whose contagion could be traced to proximity to a similar case at school. Not only does the removal of a tubercular child from school prevent the spread of the disease to other children, but it is absolutely essential in the treatment of the case itself. In the management of consumption we can not get too much fresh air, and the only place we can be sure that air is fresh is out of doors. Air indoors is always contaminated by dust laden with various germs. Probably no case of tuberculosis was ever contracted out of doors in the fresh air. It is a house disease, and its treatment is best accomplished by keeping the patient in fresh air night and day. There is in the minds of many a prejudice against "night air." Hear what Dr. Knopf says on this subject: "It is unfortunate that many people fear night air. It is much purer than day air, particularly in great cities, and besides at night we only have night air. Be sure to let in the night air, it is the only kind we can get at night and we must have air. An outdoor life will cure consumption in its early stages, and therefore lack of air is the principal causative factor of consumption.

To the members of the class, I have very little to say. If you have not gathered the essentials of a successful physician in your four years of instruction there is very little help for you. I have no fear for your professional qualifications. You have all been diligent students and if you continue the same diligence all through your professional careers you will attain to heights far above the average. Remember that the science of medicine is a hard task-mistress. It will not wait in its advance for you to catch up with it. Start out with lofty aspirations; avoid mediocrity and the commonplace. Be satisfied with nothing less than the best medical thought of the day. Do not tolerate inferior medical journals, nor form companionships with inferior medical men.

Hew close to the line. Be not led astray by false gods. The history of the past shows that all really great discoveries of importance to mankind have been made as the result of hard work and patient effort, and that may be taken as an index of the progress of the future. When you are led by persuasive tongue and seeming logic to embrace a creed that your judgment tells you is opposed to your previous teaching, reject it. It may seem to prosper for a time, but you will live to see it rejected and scorned by its former friends and advocates.

There is no royal road to learning, nor is there any royal road to health. The king and the pauper, wishing to acquire a certain knowledge or afflicted with the same disease, must evince the same industry on the one hand or pursue the same treatment on the other. Be a gentleman on all occasions. Your profession demands at least that much of you. You need not be a dude nor a prig, although your teaching will, I hope, prevent you from being slovenly. Be careful of your own health. It is your most valuable asset. You will not be degrading your professional dignity if you engage in exercises to maintain it. It too often happens that a young man spends the best years of his life in preparing himself to be of use to others only to find his health irreparably undermined. Familiarity breeds contempt, not only in the case of some friendships, but also in the case of contagious diseases, so do not become careless in the face of danger or your own life may pay the penalty.

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## *SOCIETY PROCEEDINGS.*

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### AMERICAN MEDICAL ASSOCIATION.

The Committee on Arrangements for the American Medical Association have selected May 5-8, 1903, as the date for the 54th annual meeting of the Association, to be held at New Orleans.

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### AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The American Association of Obstetricians and Gynecologists will hold its fifteenth annual meeting at The Raleigh, Washington, D. C., Tuesday, Wednesday and Thursday, September 16, 17



and 18, 1902, under the presidency of Dr. Edwin Ricketts, of Cincinnati, O. A list of forty papers has been offered, and a meeting of great interest is in prospect. Members desirous of securing rooms should address Mr. T. J. Talty, manager. The Raleigh, Washington, D. C.

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### MICHIGAN STATE MEDICAL SOCIETY.

The 37th annual meeting of this Society was held at Port Huron, June 26 and 27, 1902. The address of President Leartus Connor, of Detroit, pertained largely to the early history of the society. Attention was called to the fact that the Society has been in existence since 1819, and that to the influence of the prominent members of the society was due the development of the medical department of the State University which is now such a power in medical education. He recommended the adoption of the recommendations for reorganization, the establishment of a roll of honor for veteran members, and the establishment of a monthly journal to be conducted by the society.

The charges preferred by 20 Mt. Clemens physicians against Dr. Michael C. Cronin, a practitioner of that place, for practice unbecoming a physician, were sustained, and Dr. Cronin expelled from the Society. The offense was that he had hired "runners" to solicit business at the hotels and railroad stations, the "runners" receiving a certain percentage of the fees. Dr. Cronin appeared before the convention and admitted that the charges were true.

The report of the committee on Reorganization was adopted without a dissenting voice. The plan removes cast restrictions as to membership and admits any physician who agrees to discard all "pathies," who is liberal and broad-minded, and who will subscribe to the code of ethics of the American Medical Association.

The election of officers resulted as follows: President, Dr. Albert E. Bulson, Jackson; Vice President, Dr. James C. Wilson, Flint; Secretary, Dr. Andrew P. Biddle, Detroit, and Treasurer, Dr. Charles E. Hooker, Grand Rapids.

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### INDIANA STATE MEDICAL SOCIETY.

President J. B. Berteling has appointed the following standing committees for the Indiana State Medical Society:

Ethics—Chairman, William Flynn, Marion; I. N. Trent, Mun-

cie; J. N. Jerome, Evansville; G. F. Beasley, Lafayette; J. B. Fattic, Anderson.

Arrangements—Chairman, C. S. Bond, Richmond; G. H. Grant, Richmond; H. H. Weist, Richmond; S. E. Smith, Richmond; D. N. Stevenson, Richmond.

Finance—Chairman, L. H. Dunning, Indianapolis; J. C. Sexton, Rushville; George C. Cook, Indianapolis; A. P. Fitch, Lebanon; S. P. Scherer, Indianapolis.

Publication—Chairman, A. W. Brayton, Indianapolis; Theodore Potter, Indianapolis; Allison Maxwell, Indianapolis; F. C. Heath, Indianapolis; A. E. Bulson, Jr., Fort Wayne.

Credentials—Chairman, C. A. Daugherty, South Bend; H. D. Wood, Angola; J. M. Wampler, Richmond; N. T. Lawson, Danville; A. M. Hayden, Evansville.

Mecrology—G. W. H. Kemper, Muncie.

Medical Legislation—Chairman, W. N. Wishard, Indianapolis; E. Walker, Evansville; N. E. Becker, Vincennes; Chas. P. Cook, New Albany; Geo. T. McCoy, Columbus; Walker Schell, Terre Haute; Sam Kennedy, Shelbyville; Jonas Stewart, Anderson; Paul Barcus, Crawfordsville; Geo. F. Keiper, Lafayette; B. C. Dale, Marion; A. E. Bulson, Jr., Fort Wayne; J. W. Hill, South Bend.

Pathology—Chairman, F. B. Wynn, Indianapolis; L. P. Drayer, Fort Wayne; D. J. Loring, Valparaiso; Chas. Stoltz, South Bend; L. J. Willien, Terre Haute; Guido Bell, Indianapolis; A. N. Bitting, Lafayette; R. H. Ritter, Indianapolis; F. M. Mueller, Lawrenceburg; Wm. Chas. White, Indianapolis.

Hygiene and State Medicine.—J. N. Hurty, Indianapolis.

Inebriety—Chairman, H. J. Hall, Franklin; Elizabeth B. Malone, LaPorte; J. M. Moulder, Kokomo; A. E. Sterne, Indianapolis; J. A. Work, Elkhart; Geo. R. Green, Muncie; M. F. Gerrish, Seymour; C. U. Suttner, Elwood.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.,  
107 West Main Street.

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All Communications, Subscriptions, and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 55 West Wayne Street, Fort Wayne, Ind.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### THE DELAY IN THE KING'S CASE.

We fully appreciate the great responsibility that rested upon the king's medical and surgical advisers during his ten days' illness before the operation. We rejoice with them and for them that their royal patient has done so well. But we are not in accord with some of the teaching which is already being based upon that now famous case.

The *Lancet*, which we suppose speaks by authority, gives the history of the case, and states that a correct diagnosis had been reached on the 17th of June—one week before the operation was performed. At that time a swelling was detected in the right iliac fossa, and there were pain and fever. Two days previously there had been a chill. In our opinion that would have been the time to operate.

According to the *Lancet*, the course of the case for a few days after that time was rather favorable, and lulled the suspicions of the attendants. This is quite characteristic, as is well known, of appendicitis, and is sometimes the forerunner of a fatal termination. Practitioners who have once been deceived by this false sense of security, and have then seen their patient die quickly from an eruption of pus into the abdomen, will not agree that it is good to practice to delay at such a time. The *Lancet* says in effect that in the King's case the operation was not done until it practically forced itself upon the surgeons by a quick onset of alarming symptoms. This quick onset meant a threatened invasion of the abdominal cavity, septic peritonitis and death. The night before the operation the King had sat at a state banquet.

We have no intention of criticising the King's attendants, for we know not what were the controlling motives. Circumstances alter cases, and the circumstances in this case were unusual and formidable. But we are not willing to agree with the *Lancet* that the recent case of the King of England is an example that justifies delay. In our judgment, it is a warning against delay. The case is too important as an object lesson, and too many lives are constantly jeopardized to allow us to agree with the teaching that a patient should be permitted to go for a full week with pus forming in his abdomen.—*Phil. Med. Jour.*

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### THE MEDICAL MEN'S BANQUET.

The season of the terrible "banquet," if it has any season, is again at hand. But what a dearth of inventiveness, what a slavish following of fashion is exhibited in the humdrum, insanitary and expensive dinners! America, it has been said, is the land of banquets, and of all banqueters the least imaginative and the most health-disregarding are said to be those of the medical variety. The poor president or toastmaster must take up his dreary duty of impressing into service the tormented post-prandial orators. The manufacture of after-dinner speeches and stories has become a calling, a profession in itself, in which the wit shall not be too impure, nor too witless, and whereby the desperate speakers may get through with the disagreeable duty as best they may, and then vow once more eternal renunciation. If it must be why not adopt the custom of hiring professional actors and entertainers to amuse the company after its several-hour-long feast? But must it be? Is there



no variant to be devised? If none is thinkable would not members of medical societies after sweating all day in the scientific meetings enjoy much more an evening of rest and quiet in simple social converse with chosen companions and friends? Physicians over-entertain and are over-entertained at the annual gatherings of medical societies, and the week of hard work is in reality health wrecking for many. One of the greatest benefits of such meetings might be the leisurely chat with acquaintances, the renewal of old friendships, and the formation of new ones, with those living far away, and whom the duties of arduous practice keep years apart. The banquet by no means favors such social reunions. Why not leave our evenings more to individual choice and pleasures?—*Amer. Med.*

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### GOUT IN THE UNITED STATES.

The *Journal of the American Medical Association* takes this topic for an editorial and calls the attention of its readers to the recent announcement at the Saratoga meeting from the statistics of Prof. Osler's clinic at John Hopkins, that gout is only one-third more frequent in England than in the United States. This seems a rather surprising statement in view of the fact that 25 years ago there was almost a consensus of opinion among American medical authorities that true gout was rare in this country—so rare in fact, compared with its frequency in England, that a typical case of gout in a person not of recent English extraction or without gouty heredity was considered a medical curiosity. So eminent an authority as Dr. H. C. Wood, of Philadelphia, stated a few years ago that genuine gout was so infrequent in the United States that he had seen but two cases of typical Sydenham's gout in all his experience. The impression is evidently developing, however, that gouty tendencies are not so rare in America as has been imagined. The late Dr. DaCosta, of Philadelphia, especially insisted that while well marked gout was infrequent, suppressed gout or lithemia was not rare. Men like Prof. Pepper dwelt on the importance of lithemia as a sort of American gout, evidently with the idea, moreover, that true gout was not so rare here as thought. In the paper of Prof. Osler, read before the medical section at Saratoga, the fact is brought out that true gout in this country has developed more rapidly than even our best clinicians imagined possible, though they distinctly foresaw that the infection was on the increase. The hospital records show that there are proportionately only four cases of true gout in Eng-

land to every three in America. The etiologic elements found to be at work in this country in the production of gout are mainly the free consumption of malt liquors, and lead poisoning. Curiously enough, despite the prevailing impression of the over-weaning influence of heredity in gout, this factor did not play an important roll in the etiology of the cases of gout occurring in the hospital statistics of Johns Hopkins. Concluding the article on this subject, the editor of the *Journal* says that it is important that gout should be looked for in this country more than has been the custom up to this time. Undoubtedly many cases of slightly atypical gout now masquerade as examples of anomalous rheumatism. It is probable that we would hear of fewer cases of rheumatism in which the salicylates fail to be of benefit if the cases of gout would be carefully eliminated from the reports. The rarity of gout in America is a thing of the past and must no longer be assumed as an element of diagnosis by exclusion in cases where the exact character of a painful joint affection is not easy to make out.

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### KING EDWARD'S APPENDICITIS.

On the evening of June 24, a day prior to the date set for his coronation, King Edward of England, was stricken with what the English surgeons are pleased to term peri-typhlitis, (but which in America is called appendicitis), and an operation performed to save his life. As might be expected, indescribable consternation prevailed throughout England upon the announcement of the King's serious illness, and the citizens of London, notwithstanding the prospect of enormous losses resulting from extravagant expenditures in preparation for the coronation ceremonies, were turned from celebration to sympathy. The most distinguished physicians and surgeons of England were called to attend the king, among whom the following assumed active control of the treatment:

Sir Joseph Lister, sergeant surgeon in ordinary to King Edward, famous for the discovery of antiseptic treatment in surgery.

Sir Thomas Smith, sergeant surgeon to the king and the late vice president of the Royal College of Surgeons.

Sir Francis Henry Laking, physician in ordinary and surgeon apothecary to the King.

Sir Thomas Barlow, physician to His Majesty's household and professor of clinical medicine and physician to the University College Hospital.



Sir Frederick Treves, sergeant surgeon to the King and surgeon extraordinary to the late Queen Victoria.

King Edward had been complaining for some days, and though the attending physicians realized the possibilities of danger, it was thought probable that with care and proper treatment an operation might be postponed until after the coronation ceremonies. The progress of the abdominal trouble from which the King was suffering finally reached the stage where an operation was unavoidable. It is understood that the operation was performed by Sir Frederick Treves, who correctly diagnosed the complaint. It is reported that a healthy appendix was revealed by the operation, but that a large abscess in the coecum was discovered and evacuated. No attempt was made to remove the appendix, the surgeons preferring to defer such an operation for a radical cure to some future period. The uneventful recovery of the King, following the operation, is a deserving tribute to the skill and judgment of the attending surgeons.

By royal command the coronation has again been set for August 9, and it is hoped that the King will not have a possible recurrent attack of inflammation in and about the appendix before that time. The King and the English speaking people have long entertained a fear that Edward VII will never be crowned, and the serious illness which he has just passed through, necessitating a postponement of the coronation, was sufficient to increase the prevailing dread of failure to be crowned. Until after August 9th both the King and English people will be in a state of feverish anxiety, with all the people of civilized countries hoping and praying for a successful termination of the ceremonies which formally make Edward VII. "King of England and Emperor of India and the Provinces."

A. E. B.

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## NEWS NOTES AND COMMENTS

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BEQUEST TO CANCER HOSPITAL.—Mrs. Collis P. Huntington has offered \$100,000 to the General Memorial Hospital for the treatment of cancer and allied diseases, the interest of the fund to be used in pathologic research.—*Amer. Med.*

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FRACTURES ILLUSTRATED.—The eighth of the series of illustrated fractures, in colors, has been issued by Battle & Co., of St. Louis.

The one just from press illustrates a fracture of the surgical neck of the humerus. Anyone who has not received the illustration can obtain a copy by writing the publishers, Messrs. Battle & Co., St. Louis.

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A TOO PREVIOUS "WRITE UP."—The enterprising spirit of "yellow" journalism was amusingly shown in London recently. A sensational but too previous society journal came out with a full account of the coronation, including a fierce criticism of the musical features—none of which, of course, ever took place. Perhaps medical journals might take the hint, and not "write up" events before they actually happen.—*Phil. Med. Journal*.

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DR. SIMMONS' ILLNESS.—The editor of the *Journal*, who has not been in good health for several months, underwent an operation for gall stone disease July 13. The result of the operation confirmed the diagnosis, as a large gall stone was removed from the entrance to the cystic duct. Dr. Simmons is thus far making good progress to recovery but is expected to be absent for perhaps two months for recuperation.—*Jour. A. M. A.*

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DEATH OF DR. W. F. CURRYER.—From the daily papers we learn that Dr. W. F. Curryer, of Indianapolis, Secretary of the Indiana State Board of Medical Examination and Registration since its organization, died from a stroke of cerebral apoplexy on July 5. Dr. Curryer was a graduate from the Eclectic Medical College in Cincinnati in 1874, and has been president of the State and National Eclectic Associations. He was also a member of the National Homeopathic Association, as also the Society of Official Surgeons, of which latter he was once president.

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TOO BUSY TO READ.—These thoughts come to our mind on reading a letter received from one "busy doctor." It reads as follows: "It (*The Journal*) comes to me each week, but I have never read a page of it yet, and hardly expect to. I would love to read it, but have no time. I have to use every hour during the day to fill my professional calls, and at night I must sleep, so cannot possibly have time to read. You may discontinue *The Journal*, as it is of no use to me."

If any comment were necessary we might ask, is this man



faithful to the sacred trust imposed on him by his patients? Is any physician justified in being "too busy" to keep in touch with the methods and experience of other practitioners in his line of practice? Will it pay him to thus disregard the interests of his patients—to say nothing of the future of his practice?—*Jour. A. M. A.—Phil. Med. Jour.*

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A BENEFACTION FOR POOR CONVALESCENTS DISCHARGED FROM HOSPITALS.—Mr. John M. Burke, of New York city, has given the sum of \$4,000,000 for the purpose of providing a refuge for poor convalescents discharged from the hospitals when sufficiently recovered to pass from the hands of a physician, but yet not sufficiently restored to health to resume work. The benefaction will prove of great help to men and women who depend upon manual labor for support, and who, though able to hobble about on crutches or sufficiently strong to be discharged from hospital care, are not well enough to return to their occupation.

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THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.—This institution has recently issued an announcement covering the special courses in medicine and surgery that are given at the school. The teaching at the institution is adapted both for specialists and general practitioners, and students may obtain tickets for instruction in any one department or series of departments desired. The teaching of the school is entirely clinical or demonstrative, and it is the purpose of the institution to furnish only advanced information and most approved ideas regarding the operative or medical treatment of diseased conditions. Full information regarding special courses, features, etc., may be obtained by addressing the secretary, Dr. W. R. Townsend, 214 East 34th St., New York City.

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THE FORT WAYNE COLLEGE OF MEDICINE.—The 24th annual announcement of the Fort Wayne College of Medicine has been issued, and is now being mailed to prospective students and others. The session of 1902-03 will begin on Tuesday, September 9, and continue, with the usual holiday vacations, for seven months, or until April 22, 1903. The faculty consists of thirty-one professors and instructors, all of whom are actively engaged in the practice of

medicine. The college building has recently been remodeled and new equipment added. All didactic work is done at the college while all clinical work is done at the two hospitals, St. Joseph and Hope, located but a few blocks away. Those desiring catalogs or other information regarding the school are requested to write the Secretary, Dr. S. H. Havice, 130 West Wayne street.

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DR. E. L. LARKINS ENTERTAINS.—On the evening of May 14 Dr. E. L. Larkins, of Terre Haute, ex-president of the Vigo County Medical Society, and ex-vice president of the Indiana State Medical Society, entertained the members of the Esculapian Society, of Wabash Valley, and other friends at the Filbeck, in Terre Haute. The guests numbered 100 and included most of the prominent physicians in the villages and towns of Illinois and Indiana tributary to Terre Haute. Dr. Larkins acted as symposiarch and toasts were responded to by the following gentlemen: Drs. Chas. Gerstmeyer, T. W. Morehead, and Wm. C. Ball, Terre Haute; Dr. J. F. Montgomery, Charleston, Ills.; Dr. Walter Thompson, Sullivan, Ind.; Dr. W. W. Tucker, Green Castle, Ind.; Dr. C. C. Gibbons, Lewis, Ind., J. N. Matthews, Mason, Ills.; Hon. John T. Beasley, Rev. Chas. W. Tinsley, and Professors W. W. Parsons and Leo Mees, Terre Haute.

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SURGEON-GENERAL STERNBERG'S RETIREMENT.—After many years of active service as surgeon in the United States army, Surgeon-General Sternberg, at the age of 64 years, retires from active service, owing to age limit as fixed by congress. Great credit is due Dr. Sternberg for his efforts to prevent typhoid fever in the camps, and in limiting the death rate when typhoid fever appeared, through adoption of those measures which have since been demonstrated as necessary in order to stamp out a water-borne disease. His investigations during yellow fever plagues have been of inestimable value to the medical profession as well as to the people at large. As a pathologist, bacteriologist and author, Dr. Sternberg is well known for creditable and painstaking work, but he is also recognized as an organizer and a man of great force of character. His retirement as Surgeon-General of the United States army was signalized in the medical profession by a complimentary dinner at Del Monico's, in New York City, where eminent physicians and



surgeons from various portions of the United States united in doing him the honor which he so richly deserves.

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JANE TOPPAN, THE MURDERESS.—The country at large has recently been much shocked by the announcement that Jane Toppan, a trained nurse, alleges that she has committed 31 murders under the very eyes of physicians who trusted her. Commenting upon the case the editor of the *New York Medical Journal* says that whether or not it is wise to punish the insane the same as we do the sane for criminal acts, is a question for the jurists and alienists to pass upon, but that it occurs to most sensible people that something more deterrent than confinement in lunatic asylums, even an asylum for insane criminals, should be meted out to such monsters as this woman makes herself out to be. The suggestion is also made that perhaps Jane Toppan is more liar than murderer, or rather is acting under a delusion as to what she has done. It may be that she belongs to one of the class of insane who accuse themselves of sinful acts that they have never committed, or that she is one of those perverts who get so much of what they seem to consider as glory from the reputation of having done fearful deeds, that they are ready to go all lengths in accusing themselves. There is one lesson that seems incumbent for us to draw from this horrible case, and that is that we cannot be too punctilious in insisting upon the moral soundness of young women who seek to enter the profession of nursing.

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THE PANAMA CANAL.—The United States Congress in its session just closed, passed a law authorizing the construction of a ship canal to connect the Atlantic and Pacific oceans, and recommended the appropriation of \$184,000,000 for the project. At present it looks as though the Panama route would probably be the one selected, though the advocates of a Nicaraguan canal are actively engaged in an effort to have the government decide upon that route. Commenting upon the subject, the editor of the *Philadelphia Medical Journal* says that owing to the presence of extinct volcanoes at Nicaragua, the United States government has apparently been somewhat frightened at the prospects of eruptions along the proposed route of the Nicaraguan canal since the disastrous results attending the eruption of Mt. Pelee. He further says that while we are not called upon to discuss the relative merits of the Nicaraguan

and Panama routes, which involve great engineering questions as well as the question of volcanoes, yet we cannot close our eyes to the hygienic problems, since the Chagres river, long famous for the Chagres fever, is to form part of the proposed Panama route. It is, therefore, wise that before definitely deciding this question our legislators carefully consider the prevalence of tropical fevers in the two routes, with a view to the selection of the route which will afford the greatest degree of good health for the men who are to dig the canal and the people of all nations who are to use it.

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PERSONALS.—Dr. D. C. Wybourn, a recent graduate of the Fort Wayne College of Medicine, has located at Sheldon, Ind, where he is rapidly building up a satisfactory practice.

Dr. Maurice I. Rosenthal, Fort Wayne, writes from Berlin that he is greatly improved in health as a result of his European trip, and is enjoying the clinical advantages afforded in the great German institutions of learning.

Dr. M. F. Porter and family, Fort Wayne, spent two weeks of July at Rome City. Several very large bass were sent to Fort Wayne friends as an evidence of Dr. Porter's skill as a fisherman.

Dr. Jessie Carrithers Calvin, Fort Wayne, who left early in the season for California in the hope of benefiting her health, reports that the change of climate has resulted in very great improvement and that she hopes to soon return to her practice fully restored to health. Dr. W. D. Calvin left the first week in August to join her, and will be absent a month visiting points on the Pacific slope.

Mrs. Mary McOscar, mother of Dr. E. J. McOscar, was taken seriously ill while east attending the Saratoga meeting of the American Medical Association, and later compelled to undergo an operation at a leading hospital in Philadelphia. Fortunately Mrs. McOscar, despite her age, made an excellent recovery, and is about to return to her home in Fort Wayne.

Dr. G. W. McGavern, Van Wert, O., has returned home from an extended European trip. He reports a splendid time and says that the news that his party had trouble in Turkey was entirely without foundation. He was accompanied by his wife and daughter.

Dr. Henry Ranke, Fort Wayne, has just recovered from an attack of appendicitis, his fourth up to date. As yet he has not consented to operative treatment, but believes that with recurring attacks he will sooner or later have to come under the surgeon's knife.



Dr. A. P. Buchman, Fort Wayne, has recently purchased the Henry Meyer residence in the second block on Washington Boulevard, and is making extensive improvements in the property preparatory to occupying it for an office and residence combined.

Dr. Wm. E. Stemen, Fort Wayne, is now in Colorado for his health, and contemplates remaining there permanently. He will probably go into partnership with his brother, Dr. Geo. C. Stemen, of Denver, who removed from Fort Wayne two years ago.

Dr. Carl Proegler, Fort Wayne, has the reputation of being one of the most efficient county health officers in the city, and Secretary Hurty gives him such credit in a recent number of the *Bulletin of the Indiana State Board of Health*. Fortunately Dr. Proegler is a man who has the courage of his convictions, and public health matters receive not only thorough and careful attention, but the laws relating to public health and hygiene are rigorously enforced by him.

Dr. Chas. E. Barnett, Fort Wayne, is spending his vacation in Northern Michigan. He will return to his practice some time during August.

Dr. A. H. MacBeth, the bacteriologist of Fort Wayne, has been prosecuting milk venders who have been supplying their Fort Wayne customers with impure or adulterated milk. He has also been enforcing the rules and regulations regarding the disposal of garbage by householders, the cutting of weeds, etc. The timely action of the City Board of Health on these matters has much to do with the good health of the city.

The editor of the *Journal-Magazine*, accompanied by his wife, left Fort Wayne during the first week of August for a two weeks' vacation trip. They visited Saratoga Springs, N. Y., from which place the Lake George and Lake Champlain trips were taken, and later sailed from Boston on an ocean trip to Halifax, (Nova Scotia) Charlottetown (Prince Edward's Island) and St. John's, (New Foundland).

Dr. F. C. Hotz, Chicago, was called to Fort Wayne in consultation during the last week of August.

## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of General Medicine, Neurology, Gastro-Enterology, Pediatrics and Therapeutics  
in the Fort Wayne College of Medicine, Fort Wayne, Ind.

IS MENTAL DIVERSION MENTAL REST?—That physical rest may be obtained by bringing into play a different set of muscles from those previously used is illustrated in the old story of the pugnill mule that was found to step off briskly in the afternoon if allowed to reverse the motion of the mill. The child who produces incipient giddiness by twisting up a swing, brings the unequal congestion of the centers of equilibrium to a balance by a rapid untwisting motion. Absolute rest of mind or body scarcely exists, relative rest or modification of the mode of activity gives a sensation of rest at any rate. After a long day of close visual application, when the hands pressed the tired eyes (although this mode of stimulating visual sensation may be harmful), how delightful to many persons are the subjective sensations of color—the kaleidoscopic effects that come and go with slight variations in pressure. The brain finds rest in an objectless play of color; so the tired mind seeks rest from the stress of routine duties, not in the unconsciousness of sleep, but in the frolicsome vaudeville, or the perusal of light literature or the newspaper. Perhaps this explains to some extent the wonderful demand for books of fiction and magazines, as well as for the plotless stage performance so characteristic of these days of strenuous intellectual life.—*Editor Amer. Med.*

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SENTIMENTAL PATHOLOGY.—The lamented death of Admiral Sampson illustrates the fact that the life of the individual is only as long as the life of his blood-vessels. This has come to be rather a trite medical aphorism. The so-called softening of the brain, with hemorrhage, is simply a necrosis of cerebral tissue, caused by an



interrupted blood supply, which in turn is caused by thickening and obstruction of the cerebral arteries. In the case of this distinguished naval commander it was natural, perhaps, for the public to see in his death a possible result of the mental perturbation, the worry and chagrin, to which unfortunately he had recently been subjected; and yet we can see no valid reason for such an interpretation. Such a death as that of Admiral Sampson is a purely physical affair. We can imagine no degree of worry that would cause arterial sclerosis. This lesion occurs in all sorts and conditions of men and women. It is of slow onset and gradual progress, and is due to vitochemical changes in the blood and tissues.

We are all creatures of our physical constitution, even more than of our moral environment. This "materialistic" doctrine is not popular with sentimentalists, but it is in accord with physiological facts. Admiral Sampson's death would probably have resulted in precisely the same way even if the Spanish war had never been waged, or the naval battle of Santiago had not been destined to be fought with even more ardor on the land than it had been on the sea.—*Phil. Med. Journal*.

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TUBERCULIN AS A REMEDY IN TUBERCULOSIS OF THE LUNGS.— (By Dr. W. C. Wilkinson.) The treatment of tuberculosis is specific. It is of no avail except for tuberculous diseases, and if other complicating conditions exist—if other micro-organisms are associated with tubercle bacilli in the morbid process—tuberculin may fail absolutely to arrest or modify the morbid process; indeed, tuberculin may then do harm and perhaps even hasten the fatal issue. It may be powerful for harm and powerless for good when the chief cause of the symptoms is not the tuberculous process at all, but various other infective processes.

Tuberculin treatment aims at a progressive process of active immunization, radically different from the passive process used when diphtheria antitoxine is administered. Active immunization makes a large demand upon the energy of the tissue cells, and requires that the cells and tissues should be in a relatively healthy state. The presence of streptococci may so depress cellular energy that active immunization is not possible.

Indispensable to success is a thorough knowledge of mixed infections. As a rule fever is the danger signal, and suggests mixed infection, yet fever may be present in certain forms of pure tuber-

culosis (acute tuberculosis, and the gelatinous caseous pneumonia); and, on the other hand, mixed infection may be present without fever. Careful examination of the sputum furnishes the only mode of distinguishing. The author has treated fifty cases of pulmonary tuberculosis with tuberculin, with but twelve deaths. Of these, thirty-five cases were in the first and second stages of the disease; of these three died, all three being cases of mixed infection.

He has never seen a dormant process lighted up by the use of tuberculin. The treatment can be carried on without loss of employment, and though he has given many thousands of injections, he has never had an accident, not even a skin abscess. The time will come when it will be generally admitted that Koch has not only taught us all we know of the aetiology of pulmonary tuberculosis, but has found also a remedy which in skilled hands will prove an inestimable boon to the large section of humanity afflicted with pulmonary tuberculosis.—*New York Med. Jour.*

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THE TREATMENT OF GOUT.—Dr. A. P. Luff, says that quite apart from the treatment of an attack of gout, which is a comparatively easy and simple affair, must be considered the treatment of the conditions which lead up to the attacks. Unstable metabolism is the keynote of this instability of the digestive, the nervous, and the circulatory systems, and the main point in treatment is to determine which set of organs is mainly at fault, and devote the major portion of the treatment to the remedying of such disturbance. He speaks specifically of several lines of treatment. Of the alkalies, the potassium salts of citric and carbonic acid are mostly employed. When combined with colchicum, excellent results seem to be assured. He prefers the combination of potassium citrate and colchicum. Sodium salts are not contra-indicated, but are of less service unless they are used as cathartics. Lithium salts are even less useful than potassium or sodium. He maintains that lithium salts are more toxic than the others, and that the continued use of so-called lithia tablets is specious and wrong. If the gouty attack is combined with constipation and other indubitable sign of hepatic torpor, there is no better treatment at the outset than a dose of calomel or blue pill at night, with Epsom or Carlsbad salts in the morning. Subsequently a pill containing a dose of calomel combined with euonymin and colocynth will be found most useful. A combination of sodium bicarbonate, gentian, and nux vomica taken



a quarter of an hour before meals has proved very useful as a digestant in such cases. Baths, massage, galvanism, superheated, radiant heat are all advisable adjuncts to the drug treatment, but care must be exercised in the selection of the patient and the selection of the procedure as well. In the treatment of gouty eczema attention should be paid to two things: The bowels should be freely opened by the blue pill or calomel and followed by a saline; and total abstinence from alcohol in any form, red wines especially. As a local application lead subacetate, liquor carbonis detergens, one drachm of each to a pint of aqua sambuci, to be followed by a simple dusting powder. Carbolic acid lotions may be advisable to relieve pruritus. Sulphur baths are at times necessary. Dyspepsia should be avoided. Insomnia, which is a usual symptom, needs the free use of calomel. Moderate indulgence in tobacco is not contraindicated. From the side of prophylaxis of the attack, Luff believes in guaiacum resin, basing his hypothesis on the hepatis stimulating properties of the drug. He prescribes the powdered resin in cachets, five grains thrice after meals and gradually increasing the dose to ten or twelve grains. From a somewhat limited experience in the use of quinis acid, he is inclined to believe in its efficiency. The dietary of a gouty patient cannot be laid down in hard-and-fast lines; it is largely an individual question. Simplicity is desirable, and the consumption of large amounts of water is advised both at meals and between periods of eating. As far as climate is concerned, a fairly bracing air, with low, relative humidity is most desirable. High mountain air and low wet valleys are not advisable resting places. Exposure to east and northeast winds is to be avoided, and residences by the sea are not to be chosen.—*Amer. Jour. Med. Sciences.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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TO DETECT GONORRHEAL PUS.—It is said that the pus of gonorrheal vaginitis is always alkaline. If for any reason a microscop-

cal examination cannot be made, the use of a strip of litmus paper will, therefore, give a fairly accurate decision.—*Surgical Clinic*.

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RUBBER GLOVES DISCARDED.—Prof. Senn in a letter from Berlin (*Am. Medicine*) says that if rubber gloves were ever used in König's clinic they have been discarded.

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WARTS.—Louvel-Dulongpre advocates the following painless treatment, which also has the advantage of leaving no cicatrix: A concentrated solution of bichromate of potash in boiling water is prepared by gradually adding to the latter enough of the salt to make a saturated solution. On cooling, a certain quantity of the salt will again be precipitated. The supernatant fluid is to be applied once a day by means of a brush.—*Med. Neuigkeiten*.

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SARCOMA.—In the *Journal of Advanced Therapeutics*, Kirby reports an enormous round-celled sarcoma of the neck, inoperable, ten inches by seven, patient 65 years old, entirely cured by the X-ray in less than six weeks. Diagnosis by microscope. Treatments two or three times a week, fifteen to twenty minutes each, exposure ten inches from tube. In Boston many epitheliomas have been thus treated with almost invariable success.—*Surgical Clinic*.

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A CHEAP AND HANDY APPLICATOR.—A handy and cheap instrument for genitourinary work is the ordinary cotton-tipped pipe cleaner, which may be purchased in any cigar store for 5 cents a dozen. The urethra may be wiped out with these and ointments applied with the utmost ease and safety. They have been in use in the genito-urinary dispensary for some months and have been found serviceable and trustworthy.—*Buffalo Med. Jour.* July, 1902.

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A METHOD FOR SUSPENSION OF THE UTERUS.—The abdomen is opened in the middle line by an incision two inches long. The peritoneum over one round ligament is split, and the round ligament is drawn out with a hook for a distance of about three inches. Drawing out the round ligament with a hook makes naturally a long loop. The arms of the loop are sutured together with silk or chromic catgut. This throws the sutured part of the round liga-



ment out of commission and leaves the ligament three inches shorter, more or less. The sutured loop is tucked back into the slit in the peritoneum of the broad ligament and the opening is closed. The operation shortens the round ligaments and allows the uterus to ride easily and elastically in a normal position. Its advantage over the other ligament shortening operations lies in the securing of union of muscular structures. The surgeon does not have to depend upon peritoneal adhesion, which must be a failure in many cases.--Robt T. Morris, *Trans, A. A. G. and O.*

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ON THE DANGERS OF THE ESMARCH BANDAGE.--Ledderhose (*Vereins-Beilage der Deutsche Medizinische Wochenschrift*, May 8, p. 144) relates the following cases: (1) A 70-year-old patient with diabetic gangrene of the foot; amputation of the thigh after holding up the leg and constriction with the rubber tube. On the surface of the stump femoral vein and artery thrombosed. After loosening the tube, tissues filled well with blood; perfect consciousness after the operation, but breathing somewhat labored. Sudden death a quarter of an hour after the return to bed. No post-mortem. Ledderhose believed that the application of the tube, together with the return of the circulation after its removal, loosened a thrombus in the femoral vein. (2) A 16-year-old boy; necrotomy of the tibia; constriction of the thigh with elastic bandage after holding up the leg. On the completion of the operation and loosening the bandage, loud cries from the patient, whereupon a few drops of chloroform were put upon the mask. Soon after, the patient seemed to be awake, but did not respond to questions. Sudden cyanosis and cessation of breathing; death. Section showed opacity and thickening of the pia mater; moderate internal hydrocephalus, with granular thickening of the ependyma. No other abnormality found. Ledderhose held the changes in the brain, together with the chloroform and the alteration in the circulation on loosening up the Esmarch, responsible for the death.

In two other cases in which the elastic tube was used a paralysis of the sciatic lasting several months occurred in one, and in the other (suppurating compound fracture of the leg) gangrene of the foot. From his own experience and from that of others Ledderhose believes that Esmarch's method should be used only where it is necessary and that the tube should be used only where it is necessary and that the tube should be replaced by the elastic band--

age wherever possible. In the discussion of Ledderhose's paper Madelung insisted on the danger of Esmarch's method in operations for phlegmonous processes; also in amputations on diabetics with whom arterial sclerosis is so common. In paralysis following the use of the constricting rubber tube his experience leads him to give a favorable prognosis.—H. Gifford, Omaha.—*Western Medical Review*, July 15th.

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

READING IN RECUMBENT POSITION.—Many objections have been raised against reading in bed at night on account of probable injury to the eyes. Now we observe that Carl Seiler advocates that the recumbent position rests all bodily functions and relieves congestion of the eyes.—*Med. and Surg. Monitor*.

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THE X-RAY IN THE TREATMENT OF MALIGNANT DISEASE OF THE LARYNX.—Dr. D. Bryson Delavan, in a paper presented at the annual meeting of the American Laryngological Association held in Boston, May 1902, said that so far as he knew not a single case of carcinoma of the larynx had been reported as cured by the X-ray. From the improvement noted in cases of X-ray treatment of cancer of the tonsil and pharynx, advanced and extensive cancer of the neck should be given a trial of the X-ray treatment. This seems entirely justifiable when the progress of the case is not very rapid, because the effect of such treatment can usually be determined in two weeks.—*Med. Record*, July 10.

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THE FIRST SYMPTOMS OF DEAFNESS.—Castex enumerates certain symptoms, which he says are characteristic of beginning deafness. In a child there is often noticed an air of distraction, which is really due to bad hearing. Again, the child will often listen with the head obliquely tilted. In the adult it is often noticed that a



question addressed to him will have to be repeated. Many times the individual affected first discovers his infirmity at the theatre, because he notices that in order to hear he must occupy one of the front seats, or he hears the music better than the talking. Again, others are not able to follow general conversation. Certain patients with tympanic sclerosis hear well over the telephone. The voice of the deaf patient is often a sigh. Some old people hear better from a distance than nearer, or they will hear a whispered voice better than a loud one, because the affected organ has lost the ability of accomodation and perception.—*Le Bulletin Medical*, May 17, 1902.—*New York Med. Record*, June, 7.

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PURULENT OTITIS MEDIA TREATED BY THE DRY METHOD.—Dr. F. W. Davis, in the *New York Medical Journal*, of July 12, says that he believes that there are few cases of purulent otitis media that will not yield to the dry method of treatment, which consists in loosely packing the meatus with a narrow strip of dry gauze after the discharge has been thoroughly wiped away with a cotton pledget. The gauze should be allowed to remain until soaked by the discharge, whether it takes one or twenty-four hours, and then removed, new packing taking its place after the canal has been again carefully dried. In chronic cases, where the discharge is offensive, a few installations of boric acid in alcohol before each packing will correct the foetor. The argument is made that dryness is as fatal to most germs as a strong chemical antiseptics, and in no way can the tympanic cavity be kept dry so effectually as by gauze drainage.

## BOOK REVIEWS.

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A BRIEF MANUAL OF PRESCRIPTION-WRITING in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmaceutical Students. By M. L. Neff, A. M., M. D., Cedar Rapids, Iowa. Pages v-158. Size, 8x5 3-4 inches. Extra Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This book of 72 pages, with an equal number of extra blank pages for formulary, is an excellent work on prescription writing, and a valuable aid to the physician, pharmacist or student who desires to understand or write a correct Latin or English prescription. Added to the rules governing the use of words in the Latin language in prescription writing, there are chapters devoted to Latin phrases with their abbreviations, Latin-English vocabulary, rules for incompatibility, and table of doses, all of which increase the value of the work. We especially commend the book to students as conveying much information that is not ordinarily obtained in the average medical course.

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SMALLPOX ILLUSTRATED.—A Practical Treatise on Smallpox. Illustrated by Colored Photographs from Life. By George Henry Fox, A. M., M. D., Consulting Dermatologist to the Health Department of New York City, with the collaboration of S. D. Hubbard, M. D., S. Pollitzer, M. D., and J. H. Huddleston, M. D. Part I and Part II. Philadelphia and London. J. B. Lippincott & Co., 1902.

The prevalence of smallpox in numerous sections of the country makes the publication of these two volumes very timely. The illustrations are all that could be desired from a realistic and artistic point of view, and convey as clear an idea of the appearance of variolous eruption in its different stages as is possible to give on paper. The accompanying text furnishes a concise, clear exposition of the subject, and the work is cordially recommended.

Official statistics give 29,304 cases with 850 deaths from De-



cember 28, 1901 to April 18, 1902, while the corresponding period in 1901 shows only 16,734 cases with 235 deaths. This remarkable increase makes the subject one of great practical interest, and shows the importance, if not necessity, of the general practitioner familiarizing himself so far as possible with the appearance of this disease. The very moderate price of three dollars places the work within the reach of all.

G. W. M.

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MEDICAL BOOK NEWS.—A Bi-Monthly Publication devoted to the Literature of Medicine and the Allied Sciences, containing Lists of New Books, Reviews taken from Prominent Periodicals, Occasional Criticisms, News Items and Advertisements. Published by P. Blakiston's Son & Co., Publishers, Booksellers and Importers of Books on Medicine, Pharmacy, Dentistry, Hygiene, Chemistry, Nursing and the Allied Sciences, No. 1012 Walnut Street, Philadelphia.

The first number of the first volume of this new periodical has just been received. The object, as set forth in the publisher's notice, is to furnish information of use to medical men in selecting and purchasing books on medicine and allied sciences. This will include the descriptions of important books, reviews from medical papers, lists of the most recent American and English books of all publishers, announcements of forthcoming books, and news items. The initial number is an exceedingly creditable one, and fully carries out the ideas of the originators as stated in the announcement. If the book reviews are prepared by competent men and are honest opinions as to the merits of the various books reviewed, and not a mere advertising feature for some writer or publisher, then the periodical will have served a very useful purpose and be appreciated by a wide number of readers. If, on the other hand, the *Medical Book News* is turned into an advertising medium, with a view to praising those books or publications that bring profit directly or indirectly to the editors of the periodical, then the *Medical Book News* will soon lose prestige and regularly find its place in the waste basket of most physicians, where it properly belongs. The reputation of the publishers warrants us in believing that the latter feature will not attend the enterprise, notwithstanding the fact that the periodical is to be sent without charge to all those who appear to be interested in it.

A MANUAL OF OTOTOLOGY.—By Gorman Bacon, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With an introductory Chapter by Clarence J. Blake, M. D., Professor of Otology in Harvard Medical School, Boston. New (3rd) Edition. In one handsome 12mo volume of 437 pages, with 120 engravings and 7 plates in colors and monochrome. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The bare fact that within four years' time three editions of this work have been required in order to meet the demand, is sufficient recommendation for the book. There are many exhaustive treatises which thoroughly cover the subject of otology, but the average student and practitioner requires something that is compact, though comprehensive in contents, and giving the subject consideration from the standpoint of the latest and most approved knowledge. Such a book has been given us by Dr. Bacon, a man of wide experience, keen judgment, and a broadness of intellect which permits him to place before his readers all that is good in the theory and practice of otology whether it originates with himself or not. We have no hesitancy in saying that for a small manual of otology this work has no equal, and we heartily commend it to those who desire a work of easy reference in lieu of the more exhaustive treatises. The third edition is a very careful revision of both the first and second editions, with the addition of more pages and a considerable number of original illustrations. The book is prefaced with an introductory chapter by Dr. Clarence John Blake, professor of otology in Harvard College.

A. E. B.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### VERY DANGEROUS SYMPTOMS FOLLOWING A TARANTULA BITE.

By J. S. Boyers, A. B., M. D.,  
Decatur, Ind.

On July 4th, 1902, at 11 a. m., Mr. H——, a grocer, aged 52 years, of good physique and in good health, height 5 feet 10 inches, and weight 160 pounds, while pulling bananas for a customer from a suspended banana stock was bitten on the posterior part of the right index finger between the second and third joints.

He came to my office—which is near by—at once, not over two minutes elapsing between the time he was bitten and when I first saw him. He was holding the bitten finger in his left hand, and was suffering intense burning sharp pain in it as he expressed himself. He seemed dazed.

I told him I did not think the bite would amount to much, but hastily cut off the circulation of blood in the finger by tightly constricting it with a narrow bandage between the point of injury and the knuckle. I then made a crucial incision to the bone over the site of infection and held the finger under the hydrant, rubbing it thoroughly in the running water about one minute, and applied a saturated solution of permanganate of potassa, kneading it thor-

oughly into the wound. Then I had him recline on a couch, as he was scarcely able to sit up. His pulse was very weak by this time and could scarcely be felt at the wrist. His heart beat very feebly, thirty-eight to forty beats per minute. One of the most alarming symptoms was a spasmodic difficulty of breathing in which the muscles of respiration seemed almost completely paralyzed, lasting for a period of one-half to one, or two minutes and returning every three to eight or ten minutes, at first, but gradually becoming farther apart and disappearing entirely in four or five hours. His complexion was of an ashen hue. The extremities were cold and bathed in perspiration. The pupils were slightly dilated and when he was spoken to he opened his eyes and stared, not knowing the location of the speaker. His hearing was considerably impaired. He did not recover from the effects of the poison sufficiently to know things clearly for eight or nine hours.

He says the first impression he had after the bite was the burning, sharp pain at the site of injury, a very unusual full feeling of the head and an unsteadiness of gait. He feels confident he could not have lived over five or ten minutes longer without help.

The tarantula that bit him was found. It was five inches in length and of a brown color. It was a female with eggs and young and very vicious.

The constitutional treatment consisted first of 1-30 gr. of strychnine with 1-100 gr. nitro-glycerine hypodermically, and during the first one and one-half hours after the bite he was given in all, by mouth and hypodermically, in small doses frequently repeated, 1-15 gr. strychnine, 1-33 gr. nitro-glycerine, 1-33 gr. atropine, 1-8 gr. morphine, one ounce of Aromatic Spts. Ammonia, and six ounces of the best brandy, besides using artificial heat. The bowels, kidneys and skin were kept active. The treatment was continued along the same line as given above at longer intervals for eight or nine hours when his pulse had returned to near normal and consciousness was restored. He made an uninterrupted recovery in four or five days.

The finger that was bitten healed by first intention.

One-half hour after I saw the patient I called in Dr. J. M. Miller who kindly assisted me with the case for about one and one-half hours and who fully agreed with me as to the patient's condition and treatment.



## THE TREATMENT OF CHRONIC PARENCHYMATOUS PROSTATITIS.

By Dr. Joseph Rilus Eastman,  
Indianapolis.

In chronic parenchymatous prostatitis the application of astringents or antiseptics to the mucosa urethrae fails in the nature of things to effect a cure. If during the treatment of a posterior urethritis there appear upon the clinical picture evidences of involvement of the prostate the treatment of the urethral inflammation must be supplemented by direct treatment of the prostate. In the acute stage, rest in bed, elevation of the pelvis, counter-irritation and local depletion by the use of leeches, dry cups, or hot application to the perineum are sources of some comfort to the patient, and hot rectal douches together with the use of local anodynes in the form of opium or belladonna suppositories allay to some degree the acute pain. The patient should be put upon a milk diet if possible and the bowels kept open. If the urine is highly acid alkaline diuretics should be administered and the catheter should be used intermittently or retained in case there is decided tendency to retention of urine. If pus forms it should be evacuated through the perineum or gut. This is the classical treatment of acute prostatitis.

In the treatment of chronic prostatitis, with which it is the intent of this paper to deal, perhaps the most important factor is the prostatic massage. This practice has been employed for several years and has been quite generally adopted. If an active urethritis exists simultaneously we must consider it our first duty to bring the mucosa into the best possible condition. The mechanical treatment of the prostate should not be begun until irrigation has reduced so far as possible those superficial phenomena which pertain to the urethra.

Prostatic massage may be executed with the index finger with the Feleki-Pezzoli instrument or with the massaging thimble devised by the writer. In just what manner a reduction of inflammation is accomplished by thus kneading the prostate has not yet been made clear. This matter has not been scientifically investigated. According to Finger of Vienna (Wiener Klinik 1900 Heft 1.) when the prostate is inflamed its glands become dilated forming cysts, whose ducts and outlets are so narrow that they admit only the finest probe. Astringents injected into the prostatic urethra cannot enter the narrow ducts for the reason that they are generally

plugged with the products of the inflammation. Now if we can empty and open the gland ducts we greatly increase the chance of the gland acini taking up the medicament from the urethra through the agency of capillary attraction. The massage expresses from the glands bacteria and irritating and infectious inflammatory products, and in addition favors the resorption of peri-glandular infiltrate. It is very reasonable to assume that gland acini from which accumulated epithelium has been expressed will more promptly return to their normal size or become cicatrized and obliterated. This description is to be sure somewhat suppositional, but the fact remains that through massage we can accomplish much in the relief of the distressing symptoms.

In massaging the prostate the finger or instrument should be applied to the posterior border and drawn to the apex with a boring or kneading motion. In the beginning the prostate should be compressed with mild force only, but later as the inflammation subsides and the patient can bear it the pressure may be increased.

After the massage it is the writer's custom to instill twenty drops of three per cent. nitrate of silver solution into the prostatic urethra. At least a part of this will find its way into the prostatic acini through the ducts which the massage has opened up. Very often gonococci which have been walled off in the prostatic secretion become liberated by the massage and now begin to make trouble in the urethra. It is therefore expedient to follow the instillation by an irrigation of the entire urethra with hot potassium permanganate solution. As a rule the prostate should be massaged every third day unless symptoms of irritation such as tenesmus appear, in which case the surgeon should lengthen the interval as may be necessary.

It is a very fatuous step to attempt massage of the prostate while symptoms of irritation of the neck of the bladder are present. As Finger sagely remarks the first, but alas too often neglected principle of therapy is to fit the treatment to the particular stage of the disease.

The massage of the prostate will need in most cases to be supplemented by medical agents. Of these ergotin administered by the mouth acts favorably. The exact therapeutic effect of the drug upon the organ has not been explained. It certainly reduces the prostatorrhea and spermatorrhea. Finger calls our attention to the prostatorrhea and spermatorrhea. Finger calls our attention to the action of this remedy upon the musculature of the uterus and the



developmental history of the uterus masculinus or sinus prostaticus, suggesting that the reason for the similarity of action upon the two organs is to be sought in the analogous origin of the prostate and the uterus. It is prescribed as follows: Rx. Ergotini 1-0, Sacchari 1.0-2. D. i. d. No. X. S. three powders daily.

Another method of medication consists in the introduction of ichthyol suppositories per rectum Rx. Ichthyoli 1.0-2, ob. theobeam, qu. s. i. f. supp. No. X. In case the prostate is very sensitive we may add extract of belladonna to this prescription. Likewise iodoform in suppositories seems to have an antiphlogistic effect upon the prostate.

Guiteras, Keyes and others advocate the application of moist heat to the region of the prostate, by rectal irrigation. Keyes and Chetwood emphasize the fact that the rectum will tolerate a very high degree of heat when employed in this manner. According to them strikingly beneficial results are obtained in old chronic cases which have long resisted the continued efforts directed toward the urethral surface of the gland. Bodenhamer, Guiteras, Chetwood, Witherell, Tuttle, Kemp and others have devised rectal irrigators for this purpose. They all embody the same principle, that of providing for the inflow and gradual outflow of the hot fluid. Keyes and Chetwood advise hot irrigation in the knee chest position every night for an extended period. In some cases improvement is noted promptly, the urine previously thick with pus clearing up in a very few days.

The Germans regard the introduction of cold water into the bowel as a valuable agent in the treatment of prostatitis especially in sub-acute cases without suppuration. We know that in a large percentage of cases of acute posterior urethritis there develops a parenchymatous prostatitis which with rather violent fever symptoms goes on to abscess formation. Such abscesses may rupture into the urethra or into the rectum. When once the abscess has formed the application of cold is no longer of avail, but in a case of acute swelling of the prostate, where we can elicit no fluctuation upon examination through the bowel, the application of cold water by irrigation vouchsafes a rapid reduction of the swelling and in most cases prevention of suppuration. It has been advised to apply cold to the prostate by filling a small rubber bag or condom with cracked ice and introducing the same through the rectum. This method, however, is as Finger notes less reliable and less agree-

able to the patient than that which embraces the use of a hard or soft rubber in and outflow cold water injector like that of Arzberger. At first the cold water produces a disagreeable sensation, but soon the sensitiveness is reduced and after five or ten minutes there is no unpleasant sensation, in the prostate. The instrument should be used three times a day and cold water should be kept in contact with the prostate for an hour or more at each seance.

Before the introduction of prostatic massage chronic prostatitis was treated in Germany by rectal injection of hot water. The patient lying in bed using the afferent and efferent irrigator kept hot water in contact with the intestinal mucosa over the prostate for an hour each day thereby securing an intense and prolonged action of heat. The action of heat as advised by Guiteras and Keyes in chronic prostatitis is decidedly favorable. Again as to the "modus" we know very little except that as Finger explains—by the application of the heat an elastic contraction of the smooth muscle fibres and consequent local anemia is produced.

Another instrument the principles of construction and application of which are analogous to those of the rectal irrigator of Arzberger is the Winternitz psychroper, an unperforated catheter containing a small afferent and efferent tube. This instrument as it is well known brings cold to the posterior urethra. There are many conditions with indications for its use, chief among which is the chronic prostatitis without suppuration. The so-called "frigid sound" devised by Morgan is likewise useful in this condition. As to the attention which the general condition of the patient should receive Keyes and Chetwood advise as follows: "Iron arsenic, and hypophosphites have their indications as tonics, and cod-liver oil seems to possess a special value, as in most other debilitated conditions. Prostatitis may be tuberculous in character, or occur in individuals who have the tuberculous diathesis. Indeed, posterior urethritis is not infrequently the exciting cause of local tuberculous deposit. Such cases naturally do not get well under instillations, irrigations, or the rectal douche, Thallin sometimes comforts them, and the hot rectal douche does the same, but radical treatment means a transportation to a favorable climate, plus the usual internal constitutional remedies directed against tubercle wherever situated."

331 North Delaware street.



## CONTAGIOUS EYE DISEASES IN THIS COUNTRY.

Journal of the American Medical Association.

In a recent article on "Immigration's Menace to the National Health," Mr. T. V. Powderly, Commissioner General of Immigration, called attention to the efforts of the United States authorities to exclude from the country, especially in recent years, such affections as favus and trachoma. There is no doubt that as a consequence of the extensive immigration, particularly from certain parts of Europe, these diseases have become much more frequent in this country than they used to be. Favus is a loathsome, uncleanly affection, eminently undesirable, though not apt to inflict serious harm on the affected individual beyond the temporary unsightliness that it occasions. Trachoma is, however, not only very contagious, but may produce serious changes in the structures of the eye that lessen acuity of vision and may, if neglected, even lead to complete blindness.

Mr. Powderly calls attention to the fact that sometimes political influence is appealed to to secure the admission of immigrants afflicted with the disease, especially if it is in mild form and causing few external symptoms, and that efforts are likely to be made to bring such undesirable additions to our population by other ways than through the usual ports of entry. Needless to say, the possible success of all such efforts must by all means be prevented. No matter how apparently mild an affection trachoma may be in certain cases, it always constitutes a serious menace because of its well recognized contagiousness. The very absence of outspoken symptoms of the disease adds to the insidiousness of the risk of infection involved and removes the ordinary danger signal that forms the best safeguard for those brought in intimate relations with individuals suffering from it.

How real the danger in this matter is can be gathered from the recent report read by members of the ophthalmologic section of the New York Academy of Medicine in June of this year. Dr. Richard Derby presented the results of his personal investigation of school conditions as to eye diseases in New York city. He examined the eyes of all the pupils in two crowded public schools on the lower east side of the city. Nearly two thousand pupils were subjected to the examination and about 20 per cent. of them proved to be suffering from contagious eye diseases. Of these more than one-fourth of the cases were found to be so serious that cure of the

condition could only be reasonably hoped for after operation. These cases have evidently carried with them for a long time a very serious risk of infecting others. If their attendance at school is not prevented this risk will continue practically indefinitely, for they do not belong to a class of people that are likely to be awakened to a sense of their duty in the matter without authoritative interference.

It is probable that something of the same state of affairs exists in every large city of this country that contains and considerable percentage of recently immigrant foreign population. Trachoma is especially prevalent in Russia, Syria and Italy, and it is from these three countries that of late years a large proportion of our immigrants have come. No effort must be spared to keep the disease from becoming a serious menace to sight in this country. For many years now, as pointed out by Dr. Derby, the conditions for the care of the eyes are much more favorable among our city population than among country folk. Nearly twice as many of the blind in our asylums at the present time come from the country as from the city. The introduction of foreign elements should not be allowed to change this very commendable state of affairs. Individuals affected with these diseases must be kept out, and neither political influence nor official neglect at points along our borders should be allowed to connive at their entry.

At the same time it is evident that there are already existent in our large cities so many cases of contagious eye diseases as to require special inspection and stringent regulation in order to secure their eradication. Boards of Health throughout the country should emulate the example of the health board of New York city, that at once recognized the danger to its school children when it was pointed out, immediately undertook a census of the schools as regards the existence of contagious ophthalmia, and is ready with the beginning of the school year in September to enforce the hygienic regulations that will prevent all risk of further spread of the infection among the children in attendance at the public schools. This should be only a preliminary step to following the disease to the tenement houses where it exists among the adults, and so securing the obliteration of every trace, if possible, of the unwelcome foreign pathologic visitant.



## *SOCIETY PROCEEDINGS.*

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### ALLEN COUNTY MEDICAL SOCIETY.

The first fall meeting of the Allen County Medical Society following the summer vacation was held in the Assembly room of the Court House, on Tuesday evening, September 2. Papers were read by Dr. J. S. Boyer, Decatur, on "The Modern Treatment of Typhoid Fever," and by Dr. G. B. M. Bower, city, on "Erysipelas." Both papers were well received and brought out extended discussions on the part of the numerous members of the Society present.

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### KANKAKEE VALLEY DISTRICT MEDICAL SOCIETY.

The annual meeting of the above named society was held at North Judson, Ind., on Tuesday, September 9. The following program was carried out:

"Splanchnoptosis, Its Aetiology and Treatment," Byron Robinson, of Chicago. "Hernia," Jared Spooner, of Peru, Ind. "Obstetric Surgery," W. H. Thompson, of Winamac, Ind. "Haemorrhoids," Jos. Rubsam, of Logansport, Ind. "Diphtheria," B. W. S. Wiseman, of Culver, Ind. "Unannounced," C. L. Thomas, of Logansport, Ind.

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### INDIANA STATE MEDICAL SOCIETY.

The committee of arrangements for the Indiana State Medical Society is already beginning preparations for the 1903 meeting, which is to be held at Richmond. It now seems probable that the meeting will be held somewhat earlier than usual owing to the custom of having the State Society meeting precede the meeting of the American Medical Association. As the New Orleans meeting of the American Medical Association is to be held the first week of May, it is more than likely that the Indiana State Medical Society meeting will occur on Thursday and Friday of the last week of April. The Wayne County Medical Society, under whose auspices the State Society meeting is to be held, has recently elected the following officers for the coming year: President, Dr. Geo. H. Grant; vice president, Dr. L. G. Bowers; secretary and treasurer, Dr. Steven C. Markley. These men are all active members of the State Society and are busily engaged in furthering the interests of the 1903 meeting.

# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### THE UNITED STATES BEATS THE WORLD ON SURGERY.

Prof. Nicholas Senn, an eminent authority on the principals and practice of modern surgery, has, as a result of his extensive travel in foreign lands, become very thoroughly acquainted with the practice and teaching of surgery all over the world. It, therefore, gives Americans a sense of justifiable pride to know that Prof. Senn has publicly announced that nowhere in the world is it possible to find better surgical teaching or better surgical practice than in the United States. He admits, however, that in Germany it is possible to obtain a far better knowledge of surgical pathology, but that the student who studies pathology in Germany might better return to the United States to secure his teaching in the principles and practice of surgery.



## DO PHYSICIANS ADVERTISE?

According to a lay opinion, as expressed in the *Christian Advocate*, physicians who scorn a proposition to advertise themselves in a legitimate way through the newspapers, are not adverse to being interviewed or even soliciting an interview which will result in announcing their opinions, as reputable members of the medical profession, in a way to advertise themselves more extensively than would be possible according to ordinary advertising methods. As an illustration of the fact, attention is called to the innumerable interviews regarding the sickness of the King of England from physicians whose code of medical ethics forbids them to advertise.

This reminds us of an opinion expressed by a well known advertising agent who reported that advertising which a physician pays for at the ordinary rates is unethical, but advertising secured without contract or without payment is ethical and no breach of the code of ethics.

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## DOCTORS DO NOT SUPPORT QUARANTINE MEASURES.

The *Monthly Bulletin* of the Indiana State Board of Health announces that Dr. Miller, secretary of the Noble County Board of Health, has complained that he cannot secure the support of the doctors in his county in efforts to maintain quarantine in smallpox infected districts. He says that there is an epidemic of smallpox at Wolf Lake, but that the doctors in the immediate vicinity, while admitting that the disease is infectious and contagious, will not admit that it is smallpox nor sanction the necessary quarantine measures. Commenting upon this, secretary Hurty, of the State Board of Health, says: "Owing to the fact that we have no money for the purpose we cannot offer assistance in attempts to establish the diagnosis of smallpox in Noble county and enforce quarantine regulations. In consequence the people will probably have to suffer. The lessons in disease prevention from Porto Rico and Cuba, which the medical department of the army has taught us, seem not to be accepted by the people. We hope that the doctors of Noble county who cannot at this time differentiate smallpox from chickenpox will improve in knowledge and skill, and we also hope that the people will soon be alive to the situation and take those precautions which are necessary for their welfare, and we also hope that the politicians will very soon understand the economy which lies in disease prevention, and furnish the money with which to do the good work.

How sad it is that science must appeal to the politicians, who hold the purse strings and who do not understand science, to secure the means to preserve the public health, prevent death, and promote the public happiness."

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#### THE SPREAD OF TRACHOMA IN THE UNITED STATES.

From various portions of the United States we obtain reports to the effect that trachoma is notably on the increase, and that in many localities measures have been adopted to stop the ravages of the disease. In the city of Syracuse, N. Y., an alarming increase of trachoma among the children is reported, and among the many cases being treated several have resulted in blindness. The recent action of the New York State Board of Health in placing acute ophthalmia in the list of communicable diseases requiring report to the board of health, and the adoption of proper measures to prevent the spread of the disease, is a move along the right direction. The action of many boards of health in compelling peddlers and others suffering from discharging eye diseases to receive suitable treatment, and to refrain from following their usual occupation until the disease has been cured or rendered free from danger of transmission, is a move which is worthy of approval. There is only one other measure which should be introduced in all thickly populated communities, and that is the medical inspection of schools with particular attention to the examination of the eyes of all school children, with a view to not only discovering communicable eye diseases, but various impairments of vision which may be remedied by either suitable treatment or the proper adjustment of glasses.

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#### JUSTICE TO RICHMOND.

In calling attention to the city of Richmond as a place of meeting for the 1903 session of the Indiana State Medical Society, we stated in a former issue of the *Journal-Magazine*, supposedly upon good authority, that while the city lacked parks, lakes, rivers, and other like places of interest, yet the members of the Indiana State Medical Society would not lack entertainment at the next annual meeting, because the enterprising and hustling medical profession of Richmond would see to it that an abundance of suitable entertainment would be provided for all guests.

Some of our good friends at Richmond have rightly called us to



account for the first part of this statement, with information to the effect that Richmond does possess one of the most beautiful and romantic spots in the state in Glenn Miller park, comprising over two hundred acres of diversified scenery, lying on the borders of the city of Richmond. We have even been remembered with a book of photographs, showing scenes from Glenn Miller park as further evidence that we have not been treated to a "fish story."

We have only to add in apology that we had absolutely no desire to detract from the report of the attractions of the enterprising city which is to entertain the Indiana State Medical Society in 1903, and having had our attention called to the mistake, and the injustice rendered in a former issue of the *Journal Magazine* we desire to state that our present information regarding Richmond and its resources warrants us in saying that the city possesses not only one of the most beautiful and commodious parks in Indiana, but many other natural attractions in the way of diversified scenery which make it the equal of any city in the State as a place of meeting for such a representative organization as the Indiana State Medical Society. We can further say that added to this is a body of progressive and hospitable medical men who will leave nothing undone which will add to the comfort, pleasure or profit of the medical men who will be entertained by them in 1903.

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#### RECIPROCITY AMONG MEDICAL EXAMINING BOARDS.

Several State Medical Registration and Examining Boards are empowered to reciprocate in the recognition of certificates of other State Boards, but while we hear a great deal about the subject as yet there seems to have been nothing done in the way of recognizing, without examination, medical men who have already passed a medical board of another State. It is perhaps unfair to say that the majority of State Boards of Medical Registration and Examination are composed of men who have secured their appointments through political rather than medical influence, and that, therefore, the ability if not the intention to give the position the attention that it warrants can be questioned. Yet the knowledge that some of the members are not composed of representative medical men warrants the assumption that there is considerable truth in the assertion that no State Board of Medical Registration and Examination will ever reach its highest efficiency until it has been entirely divorced from politics.

In some States, Indiana included, the State Medical Societies have passed resolutions containing polite requests that the governor appoint to positions upon the Medical Board of Registration and Examination only such men as shall be endorsed by medical societies, with the idea of having the Board composed of not only representative men, but men duly qualified to give the position the attention that it deserves from the standpoint of efficiency. Despite these resolutions and requests, governors are inclined to let politics control their actions, and heed the voice of the "ward healers" or any other men presumably of political "pull" who desire appointments as a political "sop" for doctors, good, bad and indifferent, (usually the latter,) in payment for imaginary or real political service.

We have frequently asserted that until the physicians make a united effort toward improving the political aspect of the situation, but little can be accomplished in the way of purifying the professional air with suitable medical laws and the appointment of efficient medical officers to administer the affairs of our Boards of Registration, health offices, and other positions where intelligent and liberal minded action, and attention within a line of recognized professional ability is required.

There is no good and sufficient reason why reciprocity among medical examining boards should not be the rule, and it is highly important that the matter be given early attention if medical men throughout the United States are to be saved unnecessary inconvenience and hardship through the enforcement of the provisions now existing which demand examination in all instances, no certificates being recognized. If the requirements for the practice of medicine in the various States are not alike, it is high time that they be made near enough alike to warrant the recognition of certificates from each other. The medical man who passes an examination for the practice of medicine in any one State should be considered duly qualified to practice medicine in any other State in the union. If the various State Boards cannot arrange matters so that this can be accomplished, then medical men ought to bend their energies to the task of securing a National Board of Registration and Examination, with a view to making a medical man who has passed such National Board duly qualified to practice medicine anywhere in the Union.

On the whole, we have only to suggest a little more intelligent



action on the part of our medical members of boards as at present existing, and less politics, believing that such a course will result in a more satisfactory solution of the problem.

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## NEWS NOTES AND COMMENTS

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### HEALTH ORDER.

FORT WAYNE, Ind., July 29, 1902.

*Dear Doctor:* The following Special Order has been received by me from the State Board of Health with instructions to prosecute any Physician who disobeys the order.

DR. C. PROEGLER,  
Secretary County Board of Health.

WHEREAS, Smallpox in typical and atypical form now exists, and has existed in Indiana for the past three years, causing many deaths and great alarm to the people and detriment to the trade; and,

WHEREAS, Many physicians are unfamiliar with either the typical or atypical form of smallpox, and in consequence mistakes in diagnosis of this dangerous disease are continually being made, to the danger of the health and life of the people; it is therefore

ORDERED, That while smallpox exists in Indiana—and the time of its disappearance will be officially announced by the State Board of health—it shall be the duty of all physicians to immediately report to the health officer having jurisdiction all cases of eruptive diseases which even remotely resemble smallpox, and which may come under their care. It shall then be the duty of the health officer to promptly quarantine the case or cases of eruptive disease reported until the eruptive disease is positively determined not to be smallpox. Any physician failing to report, or any health officer failing to quarantine as herein ordered, shall be fined in any sum not less than ten nor more than one hundred dollars.

Passed in regular session by the State Board of Health, July 12, 1901.

Signed.

JOHN H. FORREST, *President...*  
J. N. HURTY, *Secretary.*

NOTE.—The Supreme Court has decided that the rules and orders of the State Board of Health, when reasonable and in accord with the statutes, have all the force of law.

OPHTHALMIA A NOTIFIABLE DISEASE.—The Board of Health of the State of New York has declared ophthalmia, both acute and chronic, to be a contagious disease. Under this decision physicians will be required to report promptly to the Department of Health all cases of the disease that they may find. The Board of Education will also be asked to lend its aid toward stamping the disease out of the public schools, where it is prevalent.

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A NEW MEDICAL JOURNAL FOR MICHIGAN.—The first meeting of the new council of the Michigan State Medical Society, a result of the adoption of the re-organization scheme, was held in Detroit on July 10th. Aside from recommending the adoption of uniform constitutions by the county societies, provisions were made for the establishment and publication of a medical journal, the journal to be edited and printed under the direction of the council of the Michigan State Medical Society. The dues of the Society were lessened from \$2.00 to \$3.00 a year, which includes the subscription for the medical journal.

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THE MURPHY BUTTON.—A Chicago newspaper man was asked to speak at a recent banquet over which Dr. John B. Murphy presided as toastmaster. "It was suggested to me," he said, "that it might be a delicate compliment to the toastmaster for me to wear a Murphy button on this occasion. I went up and down State street to all the department stores searching for one. I found college buttons, fraternal buttons, G. A. R. buttons, but no Murphy buttons. Meeting a physician, I asked him what a Murphy button might be. He told me that the Murphy button was worn in the abdomen—on the inside. Then he rattled off a lot of stuff that was Greek to me. I caught the idea, however, and I have worn one in honor of the toastmaster. I take it that the Murphy button is the refined name for what we used to call 'the belly button.'"—*The Chicago Clinic*.

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SMALLPOX IN LUMBER.—Dr. Frederick J. Wilkie, health officer of Oshkosh, expresses the belief that most of the smallpox cases in the cities of central and southern Wisconsin, and perhaps Chicago, have been the result not of actual contact with infected persons or clothing, but of infection from germ-laden lumber brought down from the woods of northern Wisconsin and Michigan. He bases his



belief on his experience of the last year in fighting the disease in his city. In practically every case the first one in a family to be affected was the father, and he invariably was employed in a sash and door or furniture factory. He maintains that lumber, being rough and porous, easily serves as a vehicle for contagious germs, and that thus disease is conveyed from the camps where lumber is sawed up or handled.—*Jour. A. M. A.*

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COLLEGE WILL NOT REOPEN.—The faculty of the Cincinnati College of Medicine and Surgery decided, August 8, not to reopen for the coming fall session. The reason for this closure is the falling off in attendance, which has become so marked in all the institutions of medical teaching throughout the State since the entrance requirements have become so rigid. In Toledo and Cleveland combinations of rival medical schools were necessitated. The Cincinnati College was founded by an act of legislature, March 7, 1851, by Dr. A. H. Barker, of Eaton, Ohio. The list of those who have been members of the faculty include some of the most prominent names connected with medical education of the state: Drs. Thad. A. Reamy, Daniel Young, P. S. Conner, C. G. Comegys, Tate. Wright, Vaughn, and Chas. A. L. Reed.—*Jour. A. M. A.*

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CONTAGIOUS DISEASE HOSPITAL FOR FORT WAYNE.—At last, after many trials and tribulations in an effort to secure a contagious disease hospital for Fort Wayne, the city and county boards of health have been promised assistance at the hands of the mayor and county commissioners. At a recent meeting of the county council, Mayor Berghoff made a proposition, on behalf of the city, to the effect that if the county would furnish the site the city of Fort Wayne would build a contagious disease hospital upon it, the building to be used jointly by the city and county for the isolation of such contagious diseases, cases as require isolation. It is thought probable that the proposition as submitted will be acted upon favorably, and that within a few months a commodious and well equipped contagious disease hospital will be ready for use, and supply the long needed want of Fort Wayne.

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DR. OSLER ON "WILLIAM BEAUMONT."—Dear Doctor:—The undersigned committee takes pleasure in announcing, that Prof.

William Osler, of John Hopkins University, Baltimore, will deliver a memorial address on "William Beaumont, the First and Greatest American Physiologist," under the auspices of the "St. Louis Medical Society of Missouri." The lecture takes place at the Odeon, on Saturday, October 4th, at 8 o'clock p. m.

The medical profession of your city, and environment, is cordially invited to attend, and to honor our distinguished guest.

The subject to be presented, and the eminence of the essayist, make this occasion one of the greatest importance and interest. We ask your hearty co-operation, and beg of you to give this announcement the publicity, that it merits.

For the Committee,

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Chairman.

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DR. FLETCHER'S SANITORIUM.—We take pleasure in calling the attention of our readers to the announcement of Dr. W. B. Fletcher, of Indianapolis, regarding the opening of the new sanatorium for the treatment of mental and nervous diseases, including the acute or chronic insane. Dr. Fletcher is one of the competent and well known medical men of Indiana whose success in the care and treatment of all mental and nervous diseases dates back many years. At his new and large sanatorium he is now prepared to care for all forms of nervous diseases, including insanity, and administer proper medical and surgical treatment. He is also prepared to take charge of a few old persons who, on account of senile changes, cannot be safely cared for at home. It is the intention of Dr. Fletcher to add to the sanatorium a place for the care, treatment and cure of epileptics. We take pleasure in recommending Dr. Fletcher to any of our readers who may have patients that should be referred to a specialist in nervous and mental diseases.

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DEATHS AND DISEASES IN INDIANA IN JULY.—The reports of the State Board of Health show the number of deaths in July to be 2,907, making a rate of 13.6. In July of 1901 the number was 3,162, rate 14.8. An improvement is therefore apparent. Consumption always leads the list; it caused 325 deaths. Other causes were: Typhoid fever 83, diphtheria 7, scarlet fever 6, measles 6, whooping-cough 15, influenza 7, cancer 125, violence 142, smallpox 15. It is



to be noted that whooping-cough caused more deaths than both diphtheria and scarlet fever. Smallpox was almost as destructive in July as in the preceeding six months for in this last named period the smallpox deaths numbered 16 and for July 15. Increased mortality from this disease has been expected and predicted by this office. It will continue to increase because the people will not vaccinate. Twelve of the seventeen deaths occurred at Knightstown in Henry county. As would be expected business has been paralyzed at Knightstown, and the expense has been very great. Had vaccination been practiced time, money and lives would have been saved and many ills prevented.

We call attention to the fact that we predicted an increase in deaths, from diarrhoeal diseases in July or in June. The number of June diarrhoeal deaths was 98 and in July the number was 433. It was easy to make this prediction because it so happens every year. Diarrhoeal deaths are generally due to food poisoning and they therefore are a sad comment upon our intelligence—for why poison ourselves with poisonous foods. Let us learn not to do it. The death rate in the country in July was 11.9 and in the cities it was 16.9.

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SUBSTITUTION BEFORE MEDICAL EXAMINATION BOARDS.—*The Journal of the American Medical Association* announces that rather extensive frauds have been committed by impersonation of candidates by others in the examinations for the securing of certificates from certain State Medical Boards of Registration and Examination. It is stated that in not one state alone has this been attempted, but in several states has the fraud been practiced, in many instances successfully. A knowledge of this on the part of the various examining boards has resulted in the requirement on the part of several states, notably Indiana, Illinois and New York, of a photograph of the applicant for license, which must accompany his application. Commenting further upon these frauds the editor of the *Journal* says that there appears to be a class of men posted in medicine who are willing to thus prostitute their talents for gain, and the laws have not anticipated their existence. It would, therefore, seem necessary, as a further safeguard against such frauds, that laws be passed making it possible to punish those discovered practicing impersonation or in any way connected with such frauds, and that with a view of more readily detecting impersonators, appli-

cants be not only photographed but measured according to the Bertillon system as a means of identification.

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DR. WOOD TO HAVE CHARGE OF THE PANAMA CANAL.—It is announced that Gen. Leonard Wood, who made such an extraordinary record in the administration of Cuban affairs, has been tendered by President Roosevelt the supervision of the building of the Panama canal. Commenting on this announcement the editor of *Medicine* says that it is safe to say that it was the medical knowledge of Dr. Wood, combined with his rare executive ability, that enabled him to reach the signal success that he did in Cuba. Without a thorough knowledge of medicine it would have been impossible for him to appreciate and apply the rules of sanitary science that stamped his administration as unique, and the tendering of the official position in connection with the building of the Panama canal is but a recognition of the value of a medical education as a preparation for such work, which requires the abilities of a capable sanitarian as the best precaution that can be taken against the most serious difficulty that confronts the construction of the canal. Aside from the wise handling of the funds and the proper forwarding of the work, there will be the knotty problem of the care of the health of a large number of individuals congregated in camps, in a climate which is peculiarly trying to the white man, in short, the conditions which all favor the development of epidemic diseases. It is fortunate, therefore, that the president has found in Dr. Wood a man who possesses, aside from great learning, that executive ability and capacity to manage affairs which is so necessary for the successful conduct of affairs in connection with the building of the Panama canal.

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PERSONALS.—The automobile fever seems to have caught the physicians of Fort Wayne. Dr. L. P. Drayer and Dr. A. H. MacBeth are now doing all their riding in machines recently purchased, Dr. M. I. Rosenthal has a large and expensive machine of French make on the road from Paris, and several other physicians have placed orders for machines to be delivered as soon as the factories can fill the orders. Dr. G. A. Ross has been using an automobile to the exclusion of all other vehicles for the past two years. All the physicians who own automobiles or have placed orders for them seem to favor machines of the gasoline type.



Dr. C. E. Barnett, Fort Wayne, has returned from an extended vacation spent at Bear Lake, Mich.

Dr. W. D. Calvin, Fort Wayne, is now in California, where he went to visit his wife, Dr. J. Carrithers Calvin, who has been there several months for her health.

Dr. W. W. Barnett, Fort Wayne, has returned from an extended vacation trip in and around Mackinaw.

Drs. J. P. Symons, Rockford, O.; Geo. W. McGavern, Van Wert, O.; Geo. A. Teal, Kendallville, Ind.; F. J. Nifer, Brimfield, Ind.; S. V. Wilking, Roanoke, Ind.; T. F. Wood, Angola, Ind.; J. L. Gilbert, Kendallville, Ind.; E. L. Eberhard, South Whitley, Ind.; E. B. Mann, Muncie, Ind.; W. F. Shumaker, Butler, Ind.; J. S. Boyers, Decatur, Ind.; W. F. Smith, Bippus, Ind., and L. A. Spaulding, Bluffton, Ind., were recent visitors in the city.

Dr. E. A. Crull, Fort Wayne, has returned from a month's vacation in and around Boston.

Dr. L. L. Culp, Fort Wayne, is at Chicago taking post-graduate work at one of the schools in that city.

Dr. S. H. Havice, Fort Wayne, has returned from a vacation trip to his old home in Pennsylvania.

Drs. Edward King, E. M. Van Buskirk, C. R. Dancer, H. Griebel, and J. A. Lomas, all of Fort Wayne, have recently been added to the teaching force of the Fort Wayne College of Medicine.

Dr. G. M. Leslie, Fort Wayne, is recovering from an operation for appendicitis performed at Hope hospital the last week of August. The doctor had several attacks of the disease before submitting to operative procedures, and it was discovered at the time of operation that the surgical treatment was adopted none too soon.

Dr. G. W. McCaskey, Fort Wayne, has returned from a vacation spent in Chicago, where most of his time was employed in special work in the various hospitals and laboratories open for original investigation. He announces the limitation of his practice to consultation work along the line of general medicine.

Miss Clara, a daughter of Dr. M. F. Porter, was operated for appendicitis at Hope Hospital on August 24th. She had experienced several mild attacks of appendicitis, and it was finally decided by her father, a surgeon of much experience, to delay the operation no longer. The operation was performed by Dr. Ochsner,

of Chicago, assisted by Dr. Porter. The young lady has made an uninterrupted recovery.

Dr. Carl Proegler, Fort Wayne, the very efficient county health officer, is at present exerting himself to secure a hospital for contagious diseases, and it now looks as though the city of Fort Wayne and the county would together build a contagious disease hospital. Dr. Proegler has quite recently been struggling with a renewed outbreak of smallpox in some of the smaller towns in the county, and has also made an attempt to stamp out trachoma and other contagious eye diseases that are being introduced by the Syrian peddlers, who come here to replenish their packs. Through the efforts of Dr. Proegler the Syrians who have contagious eye diseases are giving Fort Wayne a wide berth.

Dr. Maurice I. Rosenthal, Fort Wayne, has just returned home from a three months' foreign trip, during which he visited the large medical centers of Europe.

Dr. C. B. Stemen, dean of the Fort Wayne College of Medicine, is at present busy with affairs in connection with the College, the fall session having opened on September 9th with a large class of students beginning the study of medicine and a return of most of the students who have previously attended the institution.

Dr. B. Van Sweringen, Fort Wayne, has finally completed extensive improvement upon his residence whereby large and commodious office rooms are fitted up in the basement.

Dr. K. K. Wheelock, who with his family has spent a considerable portion of the summer season at their cottage at Rome City, has returned home.

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STORIES OF A COUNTRY DOCTOR.—We are pleased to announce that we are again able to supply our readers with cloth bound and illustrated copies of "Stories of a Country Doctor," by Dr. Willis P. King, the book having been very recently reissued under the special direction of the author. Those desiring copies of "Stories of a Country Doctor," or "Recollections of a Rebel Surgeon," as advertised regularly in the *Journal-Magazine*, may obtain the same at \$1.00, postage prepaid, by remitting to the editor of the *Fort Wayne Medical Journal-Magazine*, 219 West Wayne street, Fort Wayne, Ind. All new subscribers to the *Journal-Magazine* will be presented with a cloth bound copy of either "Stories of a Country Doctor," or "Recollections of a Rebel Surgeon," without extra charge



## MEDICAL REVIEWS.

### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Clinical Medicine, in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

A BRIEF RESUME OF THE TREATMENT OF TUBERCULOSIS.—By Dr. G. E. Malsbury. Under this title in the August number of the *Lancet Clinic* the author gives an exhaustive review of this subject. He speaks especially of tuberculin as of highest value. Internally, creosote and its derivations. Climate, proper exercise, open air and over feeding are the favorable conditions.

FOR LUMBAGO AND ARTICULAR RHEUMATISM.—Robinson (*Merk's Archives, April*) says that lumbago readily yields to a vigorous application of the following ointment:

R	Camphor chloral .....	1 drachm
	Salicylic acid .....	1-2 drachm
	Menthol .....	20 grains
	Capsicum powdered .....	1 drachm
	Oil of mustard .....	8 drops
	Lanolin .....	4 drachms
	Petrolatum, enough to make .....	2 ounces
	M. S. Apply with friction three times daily.	

Sometimes the oil of Tiglium (croton) is substituted for the oil of mustard. The author has not come across a single case of genuine lumbago or rheumatic pains in the large muscles which has failed to yield to this combination. Strange to say, in joint rheumatism it is not very effective. It sometimes even aggravates the pain. In the latter condition the following application the author describes as excellent:

R	Menthol .....	1 drachm
	Salicylic acid .....	2 drachms
	Methyl salicylate .....	1 drachm
	Alcohol, enough to make .....	1 ounce

Paint the joints briskly with a camel's hair brush, cover with absorbent cotton and oiled silk, and bandage snugly, but not too tightly.

So efficient has this combination been in his hands, that the author has been able in the large majority of cases of articular rheumatism to dispense entirely with internal medication. The salicylic acid, and methyl salicylate are rapidly absorbed and their presence is soon demonstrable in the urine. After a few applications the epidermis begins to peel off, and the application should be stopped for a day or two, and an emollient ointment, such as that of zinc oxide, should be applied. The methyl salicylate is only efficient in acute rheumatism, and is practically useless in chronic cases. In subacute and chronic cases the best results are obtained with a thirty-three per cent. ichthyol or a twenty per cent. ichthyol-glycerine ointment or solution, aided by the persistent long continued administration of ichthol and potassium iodide. Unfortunately, no matter what treatment we may adopt, some cases of chronic rheumatism will baffle the utmost efforts of the best men in our profession.—*N. Y. Med. Jour.*

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CERTAIN CLINICAL TYPES OF BRAIN SYPHILIS.—Pearce Bailey (*Medical Record*, June 21, 1902.) The most important clinical groups of brain syphilis are the apoplectic, the meningitic, those characterized by isolated oculomotor palsies, and those characterized by somnolence; also those which correspond with the anatomical types of gummata and cerebrospinal affections. Acute specific meningitis may be suddenly changed by the addition of apoplexy. These acute apoplectic seizures of cerebral syphilis are rather common. The writer believes that cutaneous disturbances of sensibility have been rather more common, than usually mentioned in the text books, and disturbances of the higher visual tracts distinctly more so; this included especially bilateral homonymous hemianopsia, which the writer finds frequently of syphilitic origin. Focal signs may be wholly absent in some vascular cases. Often the symptoms of brain syphilis are of gradual, instead of sudden onset. At first they are chiefly mental, the patient becoming irritable, inattentive and forgetful, headache is not prominent, and disturbances in the special brain symptoms are often late in appearing. Somnolence is a frequent characteristic sign of brain syphilis, improving with the other clinical symptoms, or deepening into coma, as the disease increases.



Cases occur characterized by attacks, including those of an epileptoid character, usually focal or Jacksonian, with numerous associated symptoms, such as aphasia, anesthetics, vertigo, or mental symptoms. Disease in the blood vessels usually is found in these patients. General epileptic attacks, or "late epilepsy," are common in brain syphilis. A combination of trauma and syphilis is said to produce a variety of serious conditions. The writer believes that trauma, as a cause of cerebral syphilis, is rare. Syphilis, in its attacks on the central nervous system, has the tendency to make deposits, sometimes microscopic, in both brain and spinal cord. Clinically, the cerebrospinal may or may not be evident. Some cases seem to be cerebral, some spinal.

The relation of psychoses to syphilis is obscure. Maniacal or melancholic mental states, or dullness and sleepiness, merging into dementia, are ordinary clinical expressions of organic brain syphilis. Can these be distinguished from functional cases? The writer believes that there are a few cases in literature which indicate that a diagnosis in syphilis can be made in these cases, and a direct antisyphilitic treatment gives benefit. Post syphilitic dementia is in all probability due to vascular disease. In most cases of syphilitic mania, meningitis or vascular disease could be demonstrated.—*Journal Nervous and Mental Diseases*.

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IMPORTANT RESEARCH ON INDOL AND SKATOL.—Le Calve found that injections of indol and skatol had a remarkable action on the nerve centers of animals, inducing congestion and minute hemorrhages or edematous infiltration. They also caused alternations of a similar nature in the kidneys, but congestion predominated instead of edema and the secreting element became tumefied and out of order. The liver, lung and spleen showed intense hyperemia. These disturbances were more pronounced the higher the atmospheric temperature. The toxin seemed to affect the animals principally by its powerful action on the vasomotor centers. The purely toxic action was much less noticeable, as was manifest in the slight evidences of general intoxication in contrast with the intense edema in the nerve centers and the alterations in the kidney. When the animals were exposed to higher temperatures the toxic elements rapidly became intensified and the animals soon died. The same result followed exposure to cold, probably owing to its reducing the vital resistance of the animal. He found that animals injected with

indol and then kept at a high temperature soon died with a syndrome identical to that of heat stroke. These experimental researches acquire great practical significance as he adds that he found it possible to counteract the influence of the indol by bringing the temperature of the animal to normal by means of hot baths. The moribund rabbit with subnormal temperature, breathing very slowly and in profound coma, the corneal reflex abolished, was placed in water of the same temperature as its body. The water was then gradually raised to 45 C. and as if by magic all the symptoms vanished and the animals completely revived and have remained in good health since. The paralytic symptoms did not disappear until the water reached 44 C. He has had occasion to try the same measures on three patients and found the benefits almost as marked as in the rabbits. He believes that these hot baths are indicated in heat stroke, pulmonary congestion and edema, congestion of the liver, whether of cardiac or digestive origin, congestion and edema of the kidneys when the anuria is the result of a renal affection and also in the edema accompanying uremia, in apoplexy and congestion of the brain. Many of these conditions are now treated in exactly the reverse manner by the application of ice or cold. The hot water arrests the radiation of heat and restores a large proportion of what has been lost, while the nerve centers are relieved of their congestion and edema by the rush of blood to the periphery. In the three cases he relates he placed the patients in water of 35 to 37 C., gradually increasing the temperature in the course of fifteen minutes to 45 C. (113 F.), keeping it at this point for ten minutes and reducing it in fifteen more minutes to normal. The patient was then placed in bed and surrounded by hot water bags. He repeated this bath the two following days. Each was followed by copious diuresis and refreshing sleep.—*Journal A. M. A.*

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BORAX AND BORIC ACID AS A FOOD PRESERVATIVE.—The preservation of meat and other food products by means of boric acid and borax has assumed unexpected importance, owing to the fact that the harmlessness of the practice has been questioned in Germany. As that country is one of our largest purchasers of these articles, and as her action in such matters generally constitute a guide to other continental nations, the question is of vital significance to the American meat exporter, while its sanitary aspects make it of moment to all consumers.



It is difficult to eliminate from the question, which is one in which the judgment of trained men of science should rule, mere political considerations; for instance, the Agrarian party in Germany is determined, at all hazards, to raise the wall of a protective, if not a prohibitive, tariff against the importation of American food products. The American exporter and the American press, on the other hand, see in every act of the Imperial Government that is antagonistic to American interests a studied attempt at unjust discrimination.

In a recent number of *American Medicine*, we published an important article upon boric acid as a food preservative by Dr. Victor C. Vaughan and Mr. William H. Veenboer, of Ann Arbor, in which these two observers, from a study of the literature and their own experiments on the antiseptic value of boric acid, laid down the following postulates:

1. The use of boric acid or borax as a preservative in butter and cream, in the quantities specified in the recommendations of the English commission, is justified both by practical results and by scientific experimentation.

2. The dusting of the surfaces of hams and bacon that are to be transported long distances with borax or boric acid, not exceeding 1-5 per cent. of the weight of the meat, is effective and not objectionable from a sanitary standpoint.

3. Meat thus dusted with borax or boric acid does not become slimy, because the preservative used prevents the growth of aerobic, peptonizing microorganisms.

Almost simultaneously with the appearance of the foregoing, Professor Rubner published a brief report detailing the results of some experiments upon metabolism when boric acid was administered with the food. He contends, in the first place, that the harmlessness of a preservative cannot be inferred from the absence of complaints on the part of the consumer. The effects of the agent may be so insidious that they are not recognized, and are not attributed to their proper cause; or there may be slight gastric and intestinal disturbances which the individual never thinks of connecting with the real cause. If he does not ascribe them to "cold" and attributes them to food at all, he will generally conclude that the particular article in question was spoiled, or for some reason indigestible.

Rubner's experiments were made upon two men, who were each kept eight days in a respiration apparatus. Their ingesta and ex-

creta, including the carbon dioxide and water, were carefully estimated. The first three days were for purposes of control. During the next five boric acid was added to the food. The results during these five days showed, in the first place, an increase in the fecal excretion, indicating a lessened utilization of the food. In the second, there was an increase in the elimination of  $\text{CO}_2$  and  $\text{H}_2\text{O}$ , which was found to be dependent upon an augmentation of the fat and carbohydrate metabolism. The increase in fat which had been noticed during the control days sank to about half during the boric acid period. These results indicate a series of latent changes in metabolism, which must be of importance, although they are not recognized by the ordinary methods of investigation.

It cannot be said that these two experiments, made under such unnatural conditions as obtained in a calorimeter, are sufficient to flout the opinions of the English commission, but they warrant a careful reinvestigation, the undertaking of which may well be a matter for our national government. The Department of Agriculture might very readily occupy itself with this question, and might properly extend the investigation to all of the food preservatives in use.—*Amer. Med.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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RESUSCITATION BY INFUSION THROUGH THE UMBILICAL VEIN.—A. Schuecking (C. blatt f. Gynak, 1902, No. 23), (*Med. News*), has succeeded in resuscitating a still-born child by transfusion through the umbilical vein after all other measures had failed. He added to the solution saccharate of soda and thinks this addition important on the theory that the soda takes up the carbonic acid gas making sugar and carbonate of soda. The author thinks the procedure would be of value in all forms of carbonic acid gas poisoning, for example, drowning, illuminating gas asphyxia, etc.

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FIBROMYOMATA COMPLICATING PREGNANCY.—Miles F. Porter



(Ann. Gyn. and Ped.), in discussing the treatment of this condition, states that the most important matters to be taken into consideration, in coming to a conclusion as to the treatment, are the life of the mother, the life of the child, and the question of future offspring, in the order mentioned. Pregnancy does not materially add to the risk of operation for uterine fibroids, as far as the mother is concerned. Any procedure which results in leaving the tumor and removing the pregnancy is unjustifiable. If, because of the size and location, the fibroids are likely to interfere with gestation or jeopardize the patient's life, they should be removed.

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CAUSE OF ACUTE HEMORRHAGIC PANCREATITIS.—Halstead (*John's Hopkins Hospital Bulletin*), reports a case of acute hemorrhagic pancreatitis apparently caused by a stone so located in the common duct as to act as a ball valve and cause retrojection of bile into the pancreas. Opie (*Loc. cit.*) records the autopsy findings in Halstead's case and details seven experiments on dogs made to show the effect of injection of bile into the pancreatic duct. In all cases fat necrosis and hemorrhagic inflammation resulted. He concludes that the frequent association of cholelithiasis with hemorrhagic and gangrenous pancreatitis is the result of impaction of gall stones at the orifice of the diverticulum of Vater and penetration of bile into the pancreas.

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CANCER OF BREAST.—A. Marmaduke Shield, (*Lancet*, March 8, 1902), gives his views based upon a study of sixty cases personally operated. The skin is always widely removed and the axillary space cleaned. If the axillary glands are involved the lower part of the pectoralis major is removed, and the pectoralis minor divided to facilitate perfect cleaning of the axillary space.

The risk of removing cancer of the mammae by extensive operation is not more than 1 or 2 per cent. Early and free removal gives prospect of years of freedom and in a good percentage of cases of good health and enjoyment of life. Rapidly growing cancer in young women and cases of extensive involvement of skin and lymphatics are the cases that do badly. Visceral cancers often coexist or rapidly follow operation and the explanation for this is uncertain. Early exploration by incision of small nodules and indurations in the breast is strongly urged. No one should undertake an operation for mammary cancer unless he is capable and has had suffi-

cient operative experience to remove thoroughly all lymphoid tissues from the axilla, the leaving of infected glands toward the axillary apices being a common source of failure. The prognosis is still dubious, bad cases sometimes having long freedom from return and early cases recurring quickly after removal. But such cases do not obviate the rule; operate early, operate extensively. Drainage is always employed.

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

CONJUNCTIVITIS A CONTAGIOUS DISEASE.—The Board of Health of the city of New York at a recent meeting placed acute conjunctivitis on the list of contagious diseases. This will make it necessary for every physician to report such cases to the Health Department. Many such cases have been prevalent of late among school children, and to prevent its spread it has been put on the list, and measures will be adopted for fighting the disease.

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THIOSINAMIN FOR THE RELIEF OF TINNITUS.—In discussing the use of thiosinamin in ocular diseases, Dr. R. L. Randolph (Saratoga meeting American Medical Association), called attention to the fact that he had secured very good results with this drug in the treatment of tinnitus when improvement could not be secured through any other treatment. He prescribes the drug in 1-2 grain doses three times per day but he says that in some instances vertigo follows its use.

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THE DISAPPEARANCE OF OPACITIES OF THE CRYSTALLINE LENS.—In a paper upon this subject presented by Dr. Walter Pyle at the Saratoga meeting of the American Medical Association, the author stated that there is no question of the authenticity of many reports on spontaneous disappearance of senile cataracts, and that it is not uncommon for opacities, as a result of traumatism, to disappear, even when the capsule has been penetrated. In some cases opacities



due to nutritional disturbances disappear under proper treatment, and accordingly he advises attention to hygiene, the treatment of local disorders, and careful refraction and proper use of the eyes in an attempt to arrest the progress of incipient cataract. The so-called absorption treatment of cataracts, as extensively advertised by quacks and charlatans, is worthless, and in most instances dangerous in that it seems to prevent a satisfactory result from the later and necessary surgical treatment instituted for the removal of the opaque lens.

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SMALLPOX OF THE CONJUNCTIVA AS AN INITIAL LESION.—Dr. E. P. Morrow, in the July *Ophthalmic Record*, reports a case in which a small infected area of the conjunctiva, midway between the inner margin of the cornea and the caruncle, and attended by swelling of the glands of the face, oedema of both eyelids, intense pain in and about the eye, general malaise, back and leg ache, and temperature of 104 degrees, proved later to be the initial manifestation of smallpox, the patient finally having the characteristic smallpox eruptions upon the forehead, neck, chest, and arms, immediately following the development of the eye symptoms. At no time was there any great amount of discharge from the eye, and but a moderate amount of lachrymation, no photophobia, no exophthalmus or dislocation of the globe laterally. The general disease ran a mild course, and the eye made a good recovery under irrigations of saturated solution of boric acid and the use of atropia and hot fomentations. In concluding the report of the case the essayist says that so far as he is able to obtain information on the subject his is the first record of a case in which the conjunctiva was the initial point of inoculation of smallpox.

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THIOSINAMIN IN THE TREATMENT OF CORNEAL OPACITIS AND OTHER OCULAR LESIONS.—In a paper upon this subject, Dr. Geo. F. Suker, (*Jour. A. M. A.*, Aug. 9,) says that his experience in the use of thiosinamin, covering experiments in quite a large number of cases, has resulted in the following conclusions regarding its action: 1. It is a marked tonic. 2. It favors the absorption of exudates, transudates and infiltrates. 3. It clears up corneal nebulae. 4. It produces local reactions without general systemic disturbance. 5. It reduces glandular swellings. 6. It causes cicatricial tissue to become soft and pliable.

In a tabulated review of cases treated with thiosinamin the au-

thor reports good results in a large percentage of cases of exudative choroiditis, dense corneal opacities, nebulous corneal opacities, plastic iritis, and cicatricial ectropion. In the cases of nebulous corneal opacities marked improvement, both in appearance and vision, resulted in the majority of instances in which the treatment was tried. The drug is given for varying lengths of time, from one month to two years, depending upon results secured, the dose being gradually increased from 1-2 grain, given three times daily, to two and even three grains three times daily, with an occasional intermission of ten days or two weeks.

THE TREATMENT OF CHRONIC PURULENT OTORRHOEA.--A suppuration of the middle ear not kept up by necrosis, polyps, or a foreign body is usually chronic because, first, the tissues are lowered in vitality; second, the septic material is active; and third, drainage is poor. In the treatment of this class of cases the drainage should be improved, if possible, small and inefficient openings in the membrane being enlarged so that the discharge can freely escape. The ears should be syringed thoroughly from once to three or four times a day, depending upon the amount of discharge, in order to clear the canal of infective material.

As a cleansing solution nothing is better than a 2 per cent. carbolic acid solution, or a bicarbonate of soda solution. Formerly suppurations of the middle ear were treated entirely by the wet treatment or installation of astringent solutions. Within the last few years it has been found that the wet treatment, while destroying the bacteria to a certain extent, lowers the resisting power of the tissues and thus makes it possible for a continuation of the trouble for a prolonged period. On the other hand the dry treatment, consisting of carefully drying the exposed parts of the middle ear and canal, following the cleansing, and then dusting the parts with an antiseptic powder, is far more efficient in that recoveries take place in much less time. As dusting powders, boric acid, iodoform, aristol, nosophen and many other powders of more or less antiseptic value have been employed with varying degrees of success. Recently iodomuth, a bismuth powder, containing 25 per cent. of iodine, has been used with much favor by many otologists of large experience. The percentage of iodine contained in the powder is sufficient to stimulate the sluggish tissues and destroy the microorganisms, deodorize the discharge, and give a local sedative action. Its use, like all other powders employed within the ear, should be restricted to a dusting powder only, the middle ear under no circumstances being packed with it.—*N. Y. Med. Jour.*



## BOOK REVIEWS.

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WHARTON'S MINOR SURGERY AND BANDAGING.—New (5th) edition, thoroughly revised. A Manual of Minor Surgery and Bandaging. By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's Medical College, Surgeon to the Presbyterian Hospital, Philadelphia, etc. In one 12mo volume of 612 pages, with 509 illustrations, many of which are photographic. Cloth, \$3.00, net. Just Ready. Lea Brothers & Co., Publishers, Philadelphia and New York.

The only criticism we have to offer of this book is that its title is too modest, in fact inadequate. It is much more than a manual of minor surgery and bandaging. Many major operations are described, as for instance, all major amputations, cholecystotomy, gastrostomy, colostomy, appendisectomy, etc. It has been thoroughly revised and brought fully abreast of the times. The book is well illustrated, provided with a good index, is well made and altogether is second to none of its kind. M. F. P.

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THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS.—Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly. Under the General Editorial charge of Gustavess P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume viii. Pediatrics and Orthopedic Surgery. Edited by W. S. Christopher, M. D. John Ridlon, A. M., M. D. Samuel J. Walker, A. B., M. D. July, 1902. Chicago. The Year Book Publishers, 40 Dearborn Street. Price of this Volume \$1.25. Price of the Series, \$7.50.

This volume presents a very good resume of the literature of the past year on the subjects of pediatrics and orthopedic surgery. In the department on orthopedics Dr. Ridlon gives his own opinions on the various papers quoted from because as he says, "The readers who buy this book for its orthopedic portion, do so because they expect to get something more from the editor than a judicious use of scissors and paste pot." M. F. P.

THE DIAGNOSIS OF SURGICAL DISEASES.—By Dr. E. Albert, Late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized Translation from the Eighth Enlarged and Revised Edition, by Robert T. Frank, A. M., M. D., with Fifty-three Illustrations, New York. D. Appleton & Co., 1902. Price, Cloth, \$5.00.

Works on surgical diagnosis are comparatively speaking rare. There is therefore room for good books on this subject.

The title of the work is really inadequate inasmuch as the author discusses not only surgical diseases, but injuries and deformities as well. The subjects are classified according to similarity of symptoms and signs. To make the lessons clearer, operation and autopsy findings are frequently given in connection with reports of cases. Commencing with the head and neck the various anatomical regions are considered in order, i. e., chest, upper extremities, abdomen, lower extremities, spinal column. The author's style is clear, terse and pleasing. The chapters on abdominal inquiries and diseases are woefully incomplete. Only nineteen pages are given to abdominal "tumors and diseases." Nothing is said of gall-duct or gall bladder diseases, ectopic pregnancy, tubal disease nor diseases of the intestines or stomach. Hernia is very satisfactorily treated. Diseases of the rectum are discussed in a chapter of ten pages. The binding, type and paper are first class. The illustrations are good in that they serve well to illustrate the text, but from an artistic standpoint they can not be said to be up to the standard. All in all the book is a good one and well worth buying and reading.

M. F. P.

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INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles of Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J.



Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume 2, 12 Series.

The first 73 pages of this volume are devoted to articles on therapeutics, all save the last (Selected Prescriptions) from the pen of foreign authors. We have neither the time nor space to review each paper or lecture.

R. Romme, of Paris, writes a particularly timely, and altogether quite satisfactory article on Gersuney's Method of Prothesis. The author ignores the work done along this line on this side of the water and is certainly in error when he says, "There are now about fifty cases known of vaseline prothesis in various parts of the body."

Another article in this department of the book which we wish especially to mention and to commend is that by Lucas Championiere of Passive Movements and Massage for the Treatment of Fractures. Lequen reports in detail two deaths from spinal injection of cocaine which occurred in his practice.

The department of medicine contains ten articles and covers 95 pages. Five of the articles are by foreign authors. The last is by John C. Hemmeter on Gastro-Intestinal Autointoxication. This article occupies twenty-one pages in which is discussed in a very scholarly and methodical way the diagnosis and treatment of this condition. Three pages of the article are devoted to discussing the relation of thyroid gland to autointoxication. The first article in the department of surgery is by Prof. Thomas Jonwesce, of Bucharest on Resection of the Cervical Sympathetic. He reports several very successful results with illustrations. Senn and Coley each contribute a clinical lecture, Gibbs of London a special clinical report of cases of Bullet Wounds of the Central Nervous System, and John B. Walker, of New York, a special article on Treatment of Acute Appendicitis to this department.

In the table of contents Dr. H. A. Kelly is credited with the authorship of the clinic, the report of which occupies the whole of the space (13 pages) devoted to obstetrics and gynecology, when in point of fact Dr. Gery L. Hunner is entitled to half the credit. It is really the report of a clinic one-half conducted by Dr. Kelly and

one-half by Dr. Hunner. We are rather inclined to the opinion that the space occupied by pictures of Dr. Kelly's cystoscopy room the gynecological operating room at John's Hopkins Hospital the portrait of Dr. Jno. B. Murphy and the picture of the latter's clinic might be better utilized. The volume closes with the following special articles: An Outline of the Organization and Work of the Medical Department of the U. S. Army, by E. L. Munson, M. D. Some notes upon the Management of a Modern Private Hospital, by H. A. Kelly, M. D. The Function of the Digestive Glands Based on the Researches of Paolof and his Pupils, by Peter Borissof, M. D. The last named is an especially prepared article of more than usual scientific and practical interest, and is to be continued in the next volume. Like its predecessors the book is well worth the price asked for it.

M. F. P.

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"RECOLLECTIONS OF A REBEL SURGEON," and other sketches, or "In a Doctor's Sappy Days," by Dr. F. E. Daniel. Illustrated; pages 1 to 316; Cloth, \$1.00.

The title of this book would indicate that "Recollections of a Rebel Surgeon" related to the professional duties of the army surgeon, while as a matter of fact the book is devoted entirely to reminiscencies, mostly humorous, but some of which are sad and pathetic, but all of which were actual occurrences in the life of an old Southern doctor, a typical Virginia gentleman of the older generation, who not only enjoys a good story, but knows how to tell it. The book is an interesting one, and as leisure reading is worth perusal by any busy physician. It is an excellent companion to "Stories of a Country Doctor," issued some years ago, reviewed in this periodical, and familiar to thousands of physicians who have enjoyed its reading.

A. E. B.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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VOL. XXII.

OCTOBER, 1902.

No. 10.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### SOME CASES OF APPENDICITIS AND THE LESSONS THEY TEACH.\*

By MILES F. PORTER, M. D.

Professor of Surgery, Clinical Surgery and Gynecology, Fort Wayne College of Medicine.

Case I. Chronic appendicitis, eleven years duration. Operation, abscess behind cecum, small stump of appendix attached to cecum. Complete relief for six months, return of symptoms which were relieved by spontaneous opening of abscess. Return of symptoms probably due to distal end of appendix or a fecal concretion left behind.

Case II. Simple drainage operation done eleven months before, followed by frequent recurrences of pain etc. relieved by spontaneous opening of sinus. Operation revealed a large fecal concretion and distal end of appendix free in center of abscess. Detached appendices or fecal concretions should be searched for in chronic cases and drainage kept up for some time in case neither is found.

Case III. The only tender point was discovered between bladder and rectum by rectal examination although prior to this symp-

\*Author's abstract of paper read before the American Association of Obstetricians and Gynecologists at Washington, D. C., Sept. 17, 1902.

toms were fairly typical of appendicitis. Operation revealed detached necrotic appendix enclosed in adhesions at this point. Microscope necessary to decide nature of necrotic tissue.

Case IV. Emphasizes remote dangers in delay in operating. First operation simple drainage of large pus cavity, two weeks later second cavity in left iliac region drained, recovery well established when bowel obstruction necessitated third operation, when bowel had to be opened to allow replacement in abdomen. Five years later fourth operation necessary for bowel obstruction. Recovery, good health three years since last operation.

Case V. Case of appendiceal colic due to seed of unknown kind. Tenderness very circumscribed. Pain and tenderness out of proportion to constitutional symptoms. Appendisectomy. Complete relief. Appendix not inflamed but mucosa injured in several places by sharp corners of seed.

Case VI. Complete occlusion of lumen of appendix. Some adhesions. No sign of present inflammation, but history of possible previous attacks. Appendisectomy incidental to diagnostic celiotomy. Occlusion probably due to inflammation but may have been lack of development.

Case VII. Nothing unusual in case save that the tumor, composed of mass of omentum inclosing inflamed appendix, was spherical and freely movable. Could be pushed to left of middle line. Danger of mistaking similar case, if chronic, for tumor. Similar case thought at first to be one of malignant tumor related to writer by Dr. A. J. Ochsner.

Case VIII. Cancer of ileo-cecal valve mistaken by several, including writer, for appendicitis. Relative absence of tenderness as compared with pain, together with anemia and loss of flesh which were out of proportion to inflammatory symptoms would lead in another case so correct diagnosis.

Case IX. Girl aet. eleven. Three previous attacks. Came on suddenly and disappeared same. No tenderness left after pain had gone. Small tumor exquisitely tender just above Poupart's ligament. Diagnosis appendicitis. Operation proved case to be one of ovarian cyst with twisted pedicle and commencing gangrene.

Case X. First attack, symptoms mild. Appendisectomy. Appendix site of small retention cyst of inflammatory origin with very thick covering.

Case XI. First attack. Vomiting, tympany, etc., denoting se-



vere and spreading infection. Operated, at end of 48 hours., when first seen. Appendix perforated and gangrenous, free muddy fluid in abdomen. Recovery. Not an unusual case but one of many in writer's experience. What would have been the result of starvation treatment in this case? Can any method corral germs already wide spread and pen them up securely within a small space? Will any medical treatment secure with certainty circumscribed abscesses in all suppurative cases? Can one foretell the result in a given progressing case with certainty? Believe case would have ended fatally had operation been delayed. The sooner a case of appendicitis which is growing progressively worse is operated the better. No man can tell, until he sees, the pathologic changes that have obtained.

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## THE ROENTGEN RAYS IN THE TREATMENT OF INOPERABLE CANCER.

By DR. N. L. DEMING,

Fort Wayne, Ind.

In reporting the following cases I have endeavored to select only those of advanced type, with a view to presenting a paper of greater interest through the opportunity offered for comparison with that class of cases successfully treated by x-rays in which the lesion has been of more recent development, of a less potent degree of malignancy, or has been so situated that malignancy has been in part controlled and extension slow, as for instance, in epitheliomata and cutaneous carcinomata.



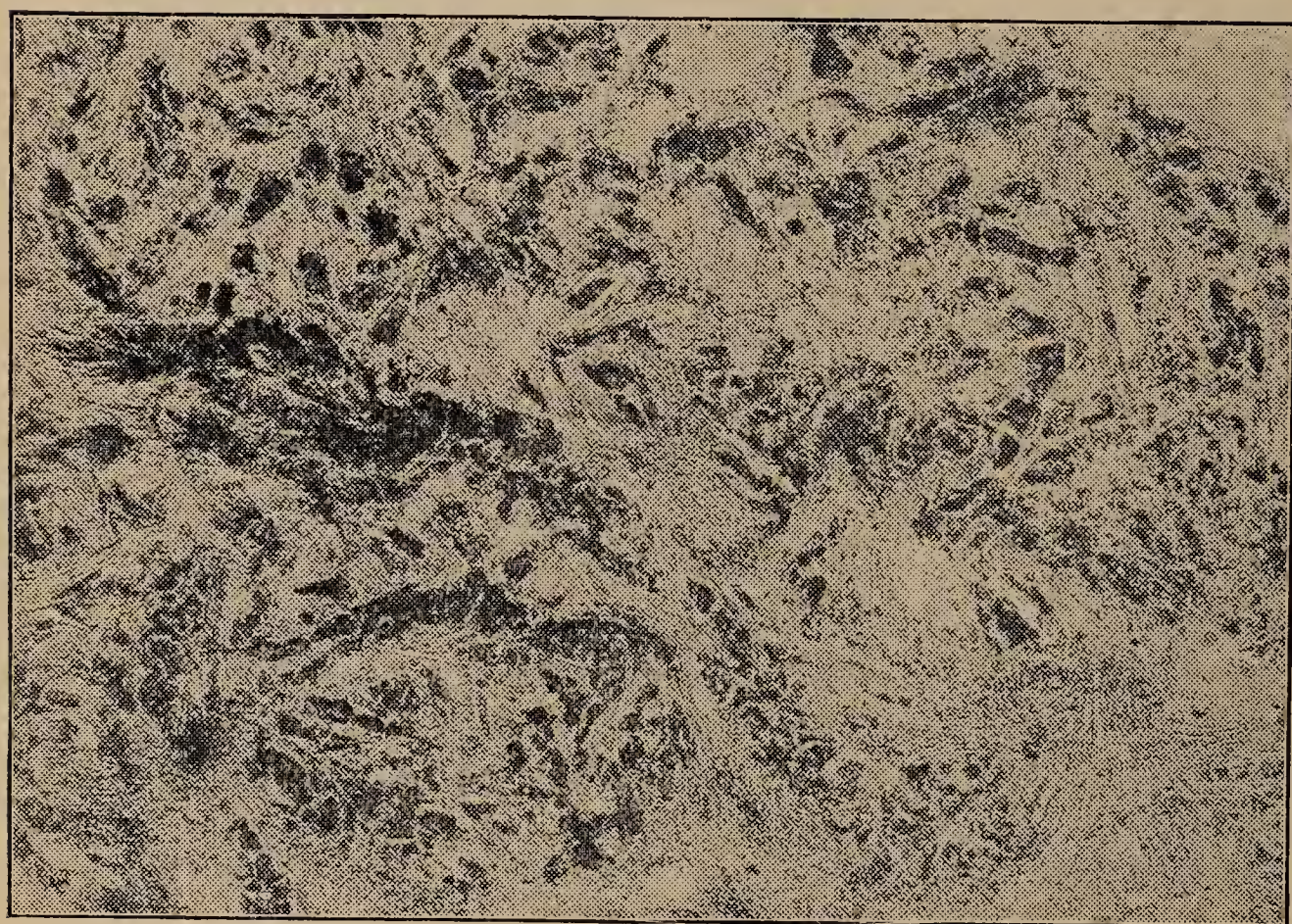
Fig. 1. Case 1.

Case 1: Female, American, age 58, married, multipara. Family history negative. Gives a history of pain and ulceration of the left leg during the past three years. Examination discloses a deeply ulcerated area involving 1-2 of the circumference of the leg two in-



ches above the ankle, and extending longitudinally. (See figure 1). Involvement of the inguinal glands noted. Patient in fair general condition. Dr. Alice Hamilton, pathologist, Chicago, reports the case to be one of cancer. (See microphotograph, fig. 2).

The patient received three x-ray treatments a week for a period of three months, the static machine being employed. Improvement continous. Very recently the cancerous area was found converted into firm cicatrical tissue, the inguinal glands disappeared and the patient increased in weight. The pain disappeared at the end of the second week of treatment.



Microphotograph Fig. 2. Case I.

Case II: Female, American, age 80, multipara. Family history negative. Always well until four years ago when she noticed a slight swelling near the nipple following injury to the right breast. Later involvement and retraction of nipple occurred. Examination Sept. 1st, showed an area of hard tissue, fibrous in character, about two inches in diameter, in the region of the nipple, the same being connected to the axillary glands by a bridge of similar hardened tissue. Patient in fair general condition. A diagnosis of scirrhus cancer was made and later verified by Dr. McEvoy. (See microphotograph fig. 3, made after the fourth treatment, showing degeneration of glandular epithelium and inflammatory action).



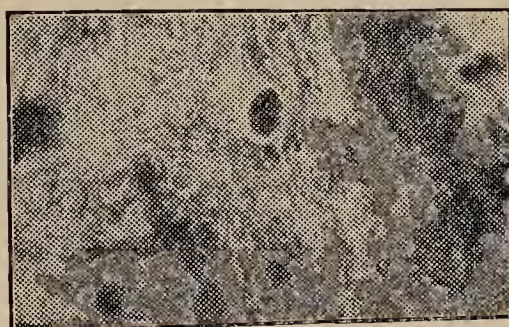
This patient has received eight treatments and today, Sepr. 27, the lesion is so far improved as to require practically no more attention. The pain stopped after receiving three treatments. I can only attribute the rapid improvement to the extreme degree of x-ray penetration employed.

Case III: Female, American, age 6t, married, multipara. Family history negative. The personal history indicates rheumatoid



Fig. 3. Case 2.

arthritis of right knee six years ago, and the joint now shows slight impairment of motion. In March 1897, patient first noticed a slight swelling in the right breast immediately above the nipple. This swelling slowly increased in size until January 1898, when she was operated by Dr. Murphy, of Chicago, the breast being removed. Owing to recurrence of the disease a second operation was made eight months later by Dr. Murphy. In February, 1901, recurrence



Microphotograph Case 2.

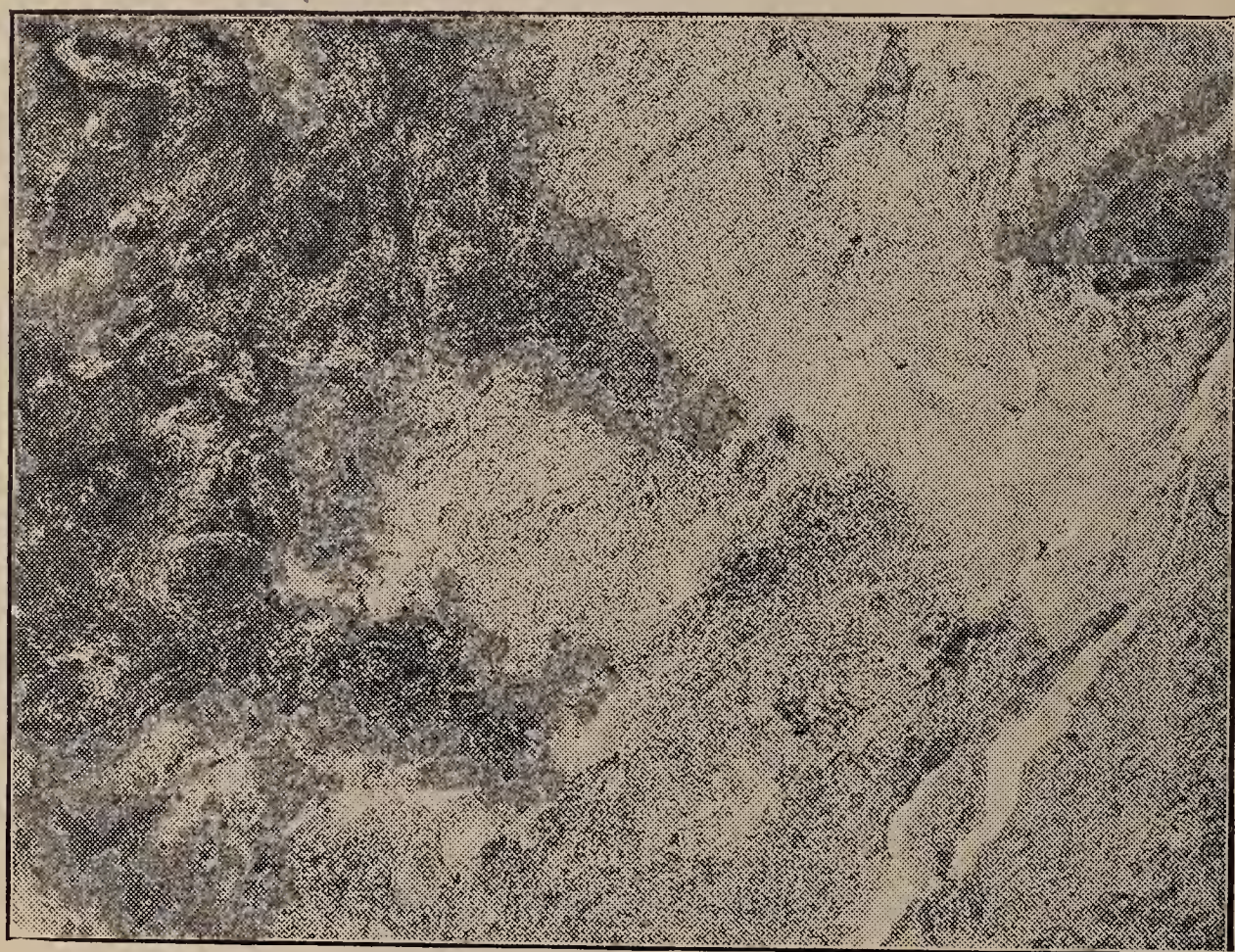
of the disease was again noticed, the ulceration presenting at the site of the last operation performed. The following October the left, or previously unaffected breast, increased rapidly in size and much pain was complained of.

An examination in February, 1902, showed an elliptical ulceration, 3 1-2x2 inches at the site of the old cicatrix on the right side.



The left breast appeared very large and extremely hard, the nipple retracted, and the whole anterior aspect of the chest was thickly studded with nodules from the size of a small pea to that of a hazelnut. The cervical glands were enlarged and painful. Patient in fair general condition. A diagnosis of scirrhus cancer was made and later verified by Dr. Alice Hamilton, (See microphotograph, fig. 4).

This patient was given x-ray treatment from February 19th until March 14th, receiving in that time 18 treatments. On the latter date, following exposure to cold and injury to the left knee, an attack of acute arthritis developed in the left knee joint, necessitating



Microphotograph Fig. 4. Case 3.

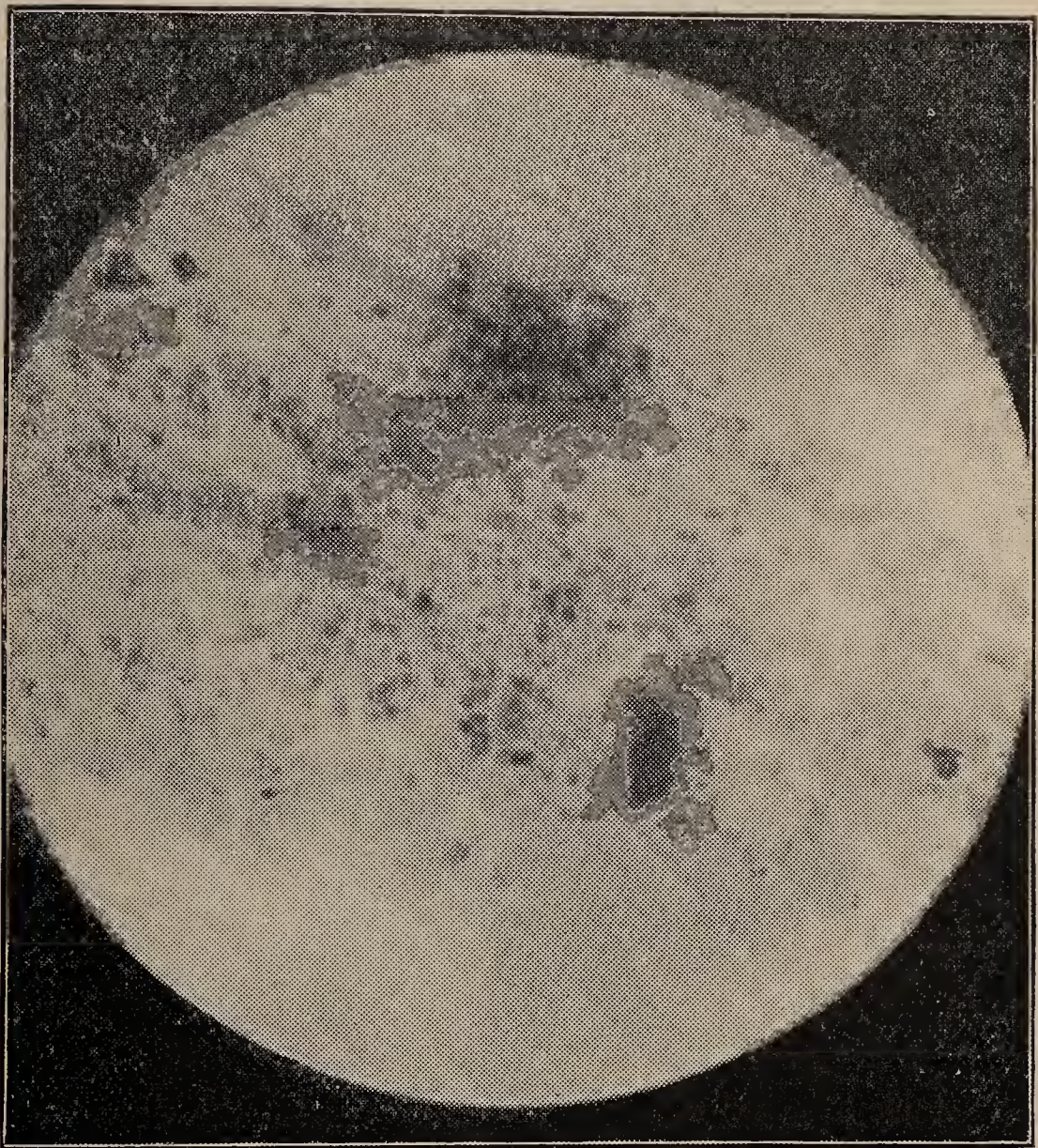
confinement to bed until July 15th. During this time, or 94 days, no x-ray treatments were given, though a continued improvement in the condition of the breasts was noted. A second course of x-ray treatments was given, beginning July 17th, for a slight thickening which still remained in the left breast, and also to reduce a few nodules which appeared after the first treatment and beyond the diseased area to the right and below the umbilicus and on the right side of the neck.

A recent report from the patient indicates that the breast is now soft and normal, that the enlarged glands in the neck and below the



umbilicus have disappeared, that the general health is greatly improved, and that there is at present no evidence of cancer whatsoever.

An interesting feature of the case is the rapidity with which improvement occurred following the use of the x-rays when such a large amount of tissue was involved and the infiltration unusually deep. Improvement began after the first treatment, and the pain disappeared at the end of the first week. A very extensive derma-



Microphotograph Fig. 4. Case 4.

titis was produced in this case, thought to be due to a very sensitive skin, followed by a well marked burn over the middle aspect of the chest. As the case appeared utterly hopeless when first examined, very active treatment was instituted, and this to some extent accounts for the resulting burn which has since healed.

Case IV: Male, American, laborer, age 35. Patient always well until February, 1902, when he suffered a severe attack of facial



erysipelas. Two weeks later the patient began to complain of pain in the right groin, with swelling of right leg. The family physician, Dr. Schick, who referred the case on June 28th, had already diagnosed the rapidly growing tumor as sarcomatous, and this diagnosis was later confirmed by Dr. McEvoy, who reported the tumor as being of the round celled variety. (See microphotograph, fig. 5).

Upon examination a large mass, typical in character, was found involving the muscles of the right thigh. Inguinal glands enlarged.

The patient was given 22 x-ray treatments during the first month. Vesicular dermatitis developed, necessitating discontinuance of treatment for three weeks. At the end of this time the mass was much smaller, and the inguinal glands could not be felt. During the following 14 days six x-ray treatments were given, and on Sept.



Fig. 6. Case 5.

20th, the mass had wholly disappeared. The patient still complains, however, of some stiffness in the thigh muscles.

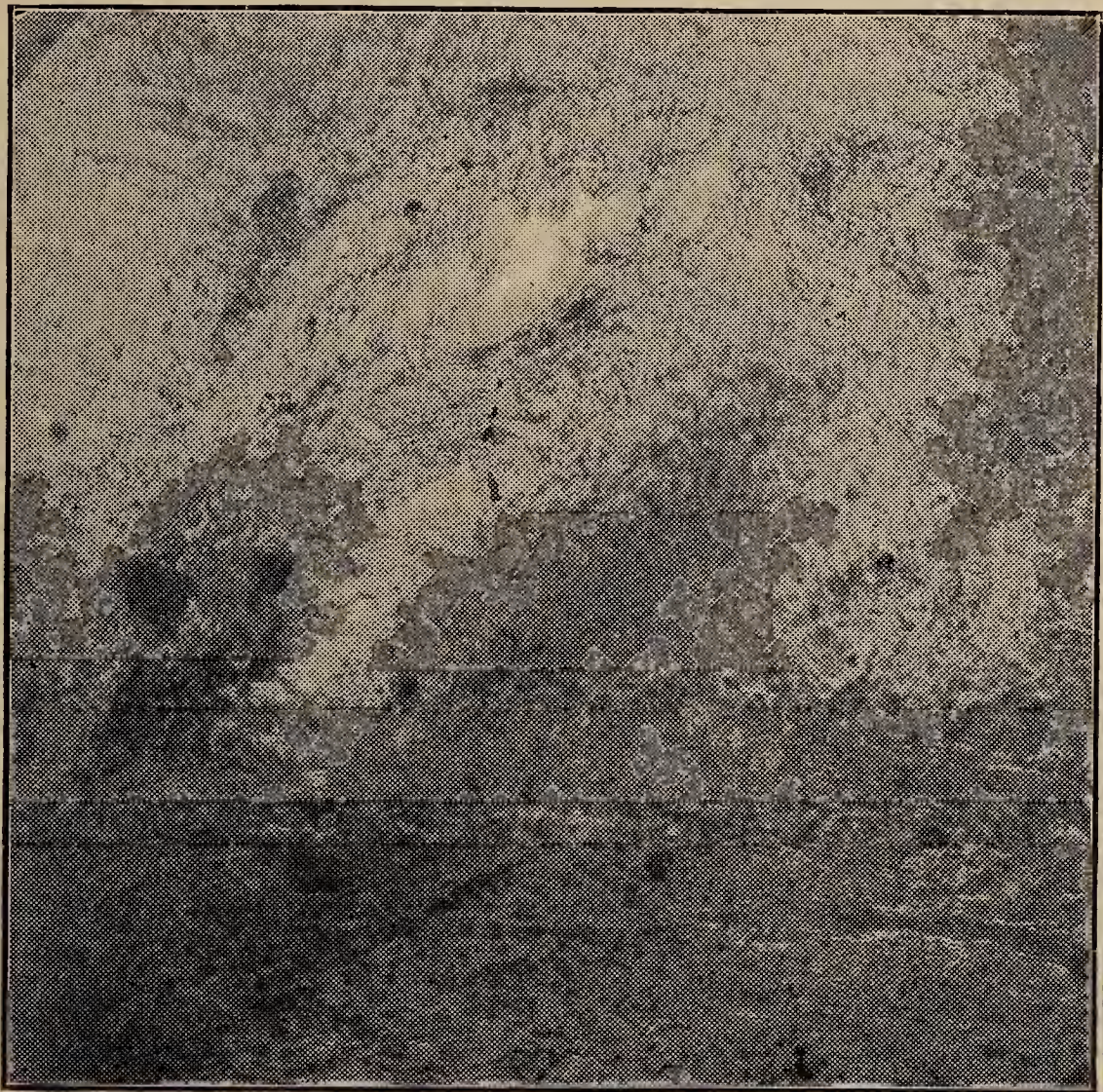
The attack of erysipelas in conjunction with the development of sarcoma is interesting.

Case V: Female, American, age 59. Complains of ulceration of the forehead and scalp following mosquito bite, the lesion having gradually grown larger during the last 27 years. I first saw the case five years ago, and at that time I found a lesion about two inches in diameter involving the skin and subcutaneous tissue of the forehead and scalp. The extension seemed to be backward, and the edges of the ulceration were clean cut and slightly raised. Over some areas the ulceration showed indications of healing while in others the tis-



sue was broken down. Treatment at that time resulted in healing of about three-fourths of the whole extent of the ulcerated surface. I next saw the case in February, 1902, at which time the ulcerated area was much larger, (See fig. 6), very painful, and extending to within 1-2 inch of the right brow. Patient in very poor general condition.

Under x-ray treatment, averaging three treatments a week and continued three months, healthy granulations began to form, and the ulceration diminished fully one-half in size. Numerous nodular masses which were previously noticed beyond the margin of the ul-



Microphotograph Fig. 7. Case II.

ceration disappeared. Since July 1st, x-ray treatment has been discontinued and the lesion now presents healthy granulation tissue with every evidence of progressive healing.

Dr. Hyde, of Chicago, treated this case two years ago and at that time diagnosed it as granuloma. As the pathologists did not agree on their reports, my diagnosis was indefinite, though I have but little doubt that the lesion was properly diagnosed by Dr. Hyde.

X-ray treatment in this case did not stop the pain, which is interesting to note in considering the fact that the pain accompanying



the majority of malignant neoplasms is alleviated by x-ray treatment.

Case VII, VIII, IX: These were all recurrent carcinomata of the breasts following operations, cancerous tissue being found at the site of operation in each affected breast as well as in the axillary glands. x-ray treatment in these cases was continued for periods of from four to six weeks with absolutely positive results. The lesions in none of the cases were markedly extensive. The patients were all in fair general health, though since cessation of the treatment they have gained flesh and report themselves entirely well.

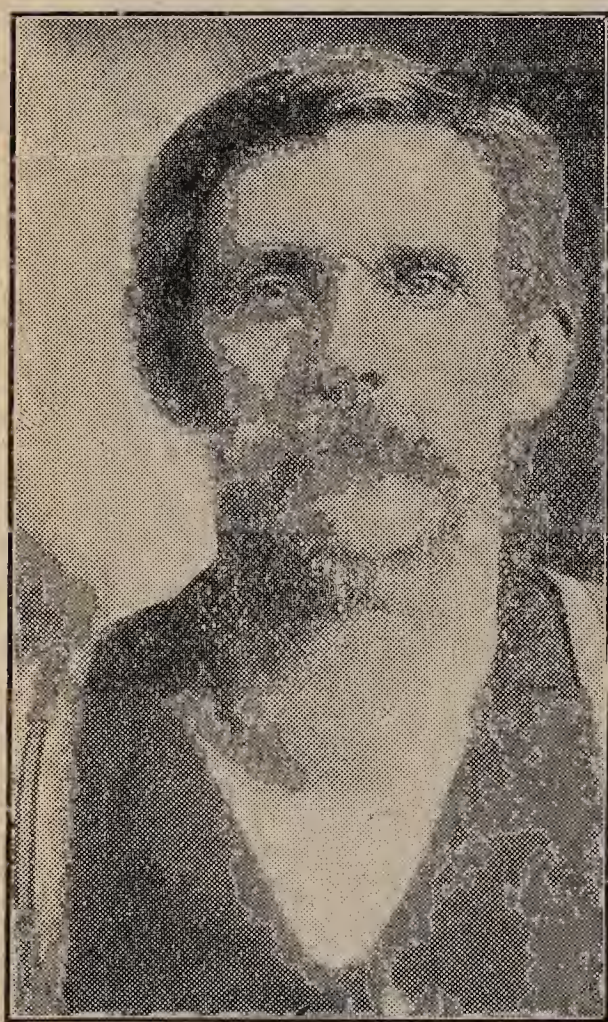


Fig. 8. Case II.

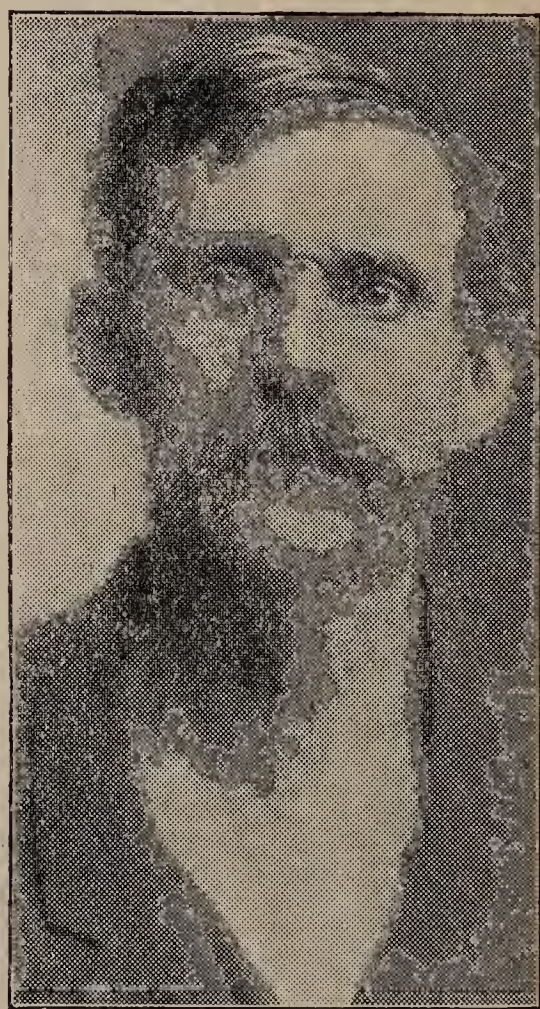


Fig. 9. Case II.

Case X: Female, American, age 74, married, multipara. For a period of two years has had a rapidly developing epithelioma involving to a greater or less extent the tissues about the mouth. Several operations have been performed by different surgeons. On examination April 20th, 1902, I found the tongue, lips, nose, gums and submaxillary glands involved. Patient in very poor general condition. She had received 40 treatments with the static machine before coming to me. With this history and with such general involvement, I held out practically no hopes of benefit. She was given



x-ray treatments three times a week for a period of three weeks with negative results. Even the pain was not diminished.

Case XI: Male, laborer, age 50. For six years has had a slowly developing tumor of the neck, which upon examination March 13th, appeared to be of a cystic nature and slightly movable. Aspirating needle revealed one-half ounce of cloudy serum, diagnosed tubercular. From March 13th to June 16th, he received fifteen x-ray exposures. On June 10th, the tumor was again aspirated and eight ounces of bloody serum withdrawn. On the fourth day it again filled. The patient then consented to operation, which was performed by me June 18th, the entire thyroid being found encapsulated and removed. Patient left hospital one week later. On Sept. 1st, I found he had gained 20 pounds, and he reported himself well. The urine at no time contained sugar. Dr. McEvoy reported this case as one of tubercular cyst encapsulating the entire thyroid gland, with tubercular lesions throughout the whole thyroid body. (See microphotograph, fig. 7).

X-rays in this case evidently broke down the tubercular material enclosed in the cyst. Following the first aspiration the tumor had every evidence of being completely emptied, and yet in size but little diminished, whereas, following the second aspiration the tumor almost entirely collapsed.

Concerning the technique of treatment in the foregoing cases, I have but little to say further than that they were all treated with the tube close up to the skin for the first few treatments. The length of exposure varied from five to ten minutes. A Mueller tube was generally used in connection with coil, and those cases where only a small area required treatment a glass funnel was employed. Following raying, the cases were sprayed with static breeze to act as a counter irritant.

It has been my experience that frequent exposures with a high intensity acted the best at the commencement of treatment, particularly in severe cases. Later on dropping to more prolonged but less frequent treatments, with the penetration somewhat reduced, yielded best results.

As to the coil versus the static machine there is much to be said in favor of both. I have used both in superficial lessons with practically the same results. In the cases above described, the coil has usually been selected, and I have found that the results have apparently been more noticeable at an earlier date than when the static

machine has been employed. Moreover, x-rays developed by the static machine cannot be controlled with any degree of exactness, whereas with a coil this is readily accomplished. In the advanced and particularly deep-seated lesions, penetration and very little light is what such cases require, and it cannot be obtained with the same exactness with the static machine as with the coil.

In order to bring out this as well as other important points in x-ray therapy, I have had constructed by Birtman & Co., of Chicago, an induction coil capable of yielding a 40-inch spark. In the use of this we have the following points to consider: First, a high degree of penetration, allowing of short exposures with a maximum intensity. Second, it is absolutely safe, there being no danger of explosion, which has at times occurred in smaller coils due to overloading and heating with consequent formation of gases, which, when generated, explode the coil. Third, by the short exposures required there is consequently less electrolytic action on the skin, which is as much if not more a causative feature in producing dermatitis and burns as the rays themselves. Fourth, the degree of penetration is increased with increase of the size of the coil, due to a greater number of so called electric lines of force being cut. This penetration is also increased by the perfect insulation employed. Fifth, several x-ray tubes can be attached at the same time, and the coil can be run, if wished, for several consecutive days with absolutely no heat production. The amount of volts used never exceeds 120, and the number of amperes is diminished over that of a smaller coil as also by reason of the greater number of lines of force cut, less than one-half of one ampere being used. Sixth, It is hoped that with this high degree of penetrative power and the danger of burning and change in normal tissue reduced to a minimum, that deep seated visceral lesions can be satisfactorily reached.

Relative to the use of the Roentgen rays we may conclude as follows:

First, we have a therapeutic agent which has the power of relieving pain in the majority of cases of cancer.

Second, an action in all cancerous tissue is obtained which unquestionably in many instances has, at least, prolonged the lives of hopeless cases, and, so far as known, produced in many others most flattering results.

Third, we have yet to learn the ultimate effect which this treatment has on normal structures as we have also to learn how lasting the effect is on cancerous tissues.



Fourth, that in strictly operative cases there cannot, at present, be any reason for substituting new methods concerning which comparatively little is known, for radical procedures which we know in many cases have produced cures.

Fifth, in operable cases where recurrences have followed operations, it is to be without question recommended, as well as employed after operation as a preventive before secondary lesions have occurred.

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## *SOCIETY PROCEEDINGS.*

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### ALLEN COUNTY MEDICAL SOCIETY.

A regular meeting of the Allen County Medical Society was held in the Assembly Room of the Court House on Tuesday evening, Sept. 30th. Dr. Henry Ranke presented a paper on "Adenoids," in which he briefly considered the cause, diagnosis, prognosis, and treatment of this affection. The customary surgical treatment was recommended followed by the local treatment of any co-existing catarrhal inflammation of the nose or throat. In the discussion of the paper, Dr. Porter condemned the use of nitrous oxide gas, bromide of ethel and other like anaesthetics producing but short anaesthesia. He considered all more or less dangerous, and not to be as safely trusted as ether. Dr. Sweringen said he could see no advantage in using chloroform as an anaesthetic in adenoid operations, and preferred ether as the safer and much more satisfactory. He called attention to the fact that adenoid patients are usually bad subjects for an anaesthetic. Dr. Bulson thought adenoids very much more prevalent than generally considered, and as an evidence of this stated that he had discovered a moderate amount of adenoid tissue in the vault of the pharynx in the majority of the cases of ear-ache in children. In all children who have disturbed sleep, with occasional attacks of mouth breathing, ear-ache, and acute colds, he thought it highly advisable to make an examination with a view to determining the existence of adenoids. for in children an obstruction to breathing is in nine cases out of ten due to an obstruction in the naso-pharynx rather than in the nose proper. Dr. Havice thought adenoids were frequently found in suckling babes and that there should be no hesitancy in operating upon very young children for the relief of this trouble.

# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,

47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.

107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### REASONABLE AND PROPER FEES FOR PROFESSIONAL SERVICES.

The question of fees will probably never be settled so far as strict definiteness and absolute rules are concerned, but there are certain broad lines of sense and policy that may be accepted as guiding decision in the majority of cases. Charges for instance, by one physician for treating the family of another, we think impolitic and unprofessional. If done it certainly should be agreed upon in advance. In a recent case of a different sort a physician sent a bill to a rich patient which, in the subsequent adjustment, was practically admitted by the physician to be about five times too high. This plan has been often pursued in the past by men who should have gone into ward politics or the "bucket-shop" business instead of



medicine. We know of a number of instances in which such traders have charged a man several thousand dollars for services, well knowing that they will get only one-fourth or one-tenth of the amount; and they would be well satisfied if they could get one-twentieth for the same service generally. Such a method is neither good business nor good morals. The charge should be right to begin with, and no compromise accepted. Because physicians treat so large a proportion of the sick without payment, because so much of their life and energy must be given unrewarded to the advancement of their science, and because, in a final analysis, their services cannot be rated in money-values, they should be far better paid than they are. But let us not assent to exorbitant charges, those in which greed is more than evident, and there should be no foolish haggling, and reductions, and compromises.—*American Medicine*.

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### , A MEDICAL TRUST.

Under the above caption the *Philadelphia Medical Journal*, Sept. 6th, 1902, says:—"Word comes from Indiana that a foreign—or Canadian—corporation has started business in that state. For a stipulated sum this company guarantees to furnish to a family all the medical attendance it may require for the year. Patients may select their own physician and call upon him as often as they please. In order to do this, the doctor's fee will be taken care of by the company.

"This story only comes to us as a newspaper report, and so it does not appeal strongly to our credulity. Is this really a medical trust? Is some soulless corporation really about to monopolize medical practice in the Hoosier state? One newspaper evidently thinks so, for it announces that "the octopus is splashing in the materia medica." There is, indeed, nothing impossible in the scheme, provided, of course, the doctors are willing to sell out. But just there, we imagine, will be the rub. Will the doctors sell out? We shall wait further advices from Indiana."

No, Mr. Editor, the Hoosier doctors will not "sell out." Our judgment is not based upon any knowledge we have that an offer "to buy" has been made and refused, but upon what we know of the Hoosier doctor gained through a long and intimate acquaintance. He is a man with the requisite number of vertebra, whose mental machinery is always in good working order, and will therefore neith-

er write himself an ass or a knave by selling his "birthright for a mess of pottage."

M. F. P.

### THE LATEST TRIUMPH OF AMERICAN SURGERY.

Under this title *Harper's Weekly* of August 23, published a description of what is known as the Edebohls operation for the cure of chronic Bright's disease, and in connection with the article prints a picture of the originator of the operation, Dr. Geo. M. Edebohls, of New York, together with a history of his surgical achievements and a record of his hospital and college appointments. Among other things the article goes on to say that notwithstanding the fact that no authoritative announcement has been made to the general public of what the operation is and what it may be expected to accomplish, yet letters from thousands of sufferers all over the country are pouring in on Dr. Edebohls, and that no surgeon in active practice could undertake the task of answering them all. Accordingly the reporter of *Harper's Weekly* says: "But there is not one of them whose writer may not profit by the statement of the facts hereinafter made for the benefit of humanity at large, gathered at first hand and from the substance of replies made by the doctor to inquiries of sufferers who have recently consulted him." The operation as already reported by Dr. Edebohls in various medical publications and familiar to most surgeons, is described in full together with a record of results obtained.

As a matter of fact we welcome the addition of any new form of treatment for the relief of any so-called incurable affection, and are pleased to accord Dr. Edebohls the distinction of having originated an operative procedure that seems to have been successful in affecting a cure in a certain proportion of cases of chronic Bright's disease, and while we believe that suffering humanity should be given the benefit of the discoveries and investigations of Dr. Edebohls, we doubt the propriety of giving such detailed information to a reporter of a leading weekly periodical, together with much other information of a laudatory kind which savors very strongly of quackery.

The enterprising newspaper reporter very frequently gets hold of and publishes, with more or less accuracy and always with a certain amount of embellishment, items of information regarding prominent medical men and their work, oftentimes without the knowledge or consent of the men who are subjects of the articles. No charge of



impropriety can be lodged against such medical men, but in the present instance, when all information relative to the laudatory article is said to have "been gathered at first hand," it occurs to us that Dr. Edebohls has at least been guilty of indiscretion, and is unmindful of the tenets of the profession which forbid such self laudation.

A. E. B.

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### LOCATION OF CONTAGIOUS DISEASE HOSPITAL.

It has been announced that the new Contagious Disease Hospital to be owned and operated jointly by the city of Fort Wayne and Allen county, is to be located on the site of the old pest house on the county farm. The daily *Journal-Gazette* editorially questions the wisdom of locating the hospital on such a site which is in territory draining into what is known as the Junck Ditch and thence into the St. Mary's river just outside the city limits. The editor of the *Journal-Gazette* says, that he regards it as exceedingly dangerous to have the output of the contagious disease hospital carried through the city in the open river, and that, therefore, he deems it advisable, before the question of a site is settled upon, for the authorities to consult the physicians of the city with a view to securing professional opinions regarding the most suitable site for such a hospital.

We might suggest that both the city and county have health officers who are supposed to be sufficiently competent to pass upon such questions as that under discussion, and to whom the matter ought and properly should be referred. If our city and county health officers give competent advice, as we presume they will, if called upon to do so, the municipal and county authorities will learn that the proposed site for the contagious disease hospital is not so much a menace to the people of Fort Wayne as to the prompt and satisfactory recovery of the patients who are to be confined there. With proper disinfection and strict observance of sanitary and hygienic regulations there need be no fear of transmission of the disease, even if the contagious disease hospital was located in the centre of the city of Fort Wayne. It is lack of thorough disinfection and indifferent observance of quarantine regulations which is responsible for transmission of disease. Accordingly, if even the ordinary precautions are observed in the care and treatment of the cases to be confined in our contagious disease hospital, no fear need

be felt regarding the transmission of disease through location of the hospital on the site of the present pesthouse.

However, we think a question which should be taken into consideration is the one with reference to the location of the hospital so far as the health and comfort of the inmates is concerned. The site should be selected with a view to not only healthy but cheerful surroundings, and to that end the hospital should be located on some spot that is high and dry, and in a region where the views are not particularly distasteful. We believe that it is possible to secure such a location on property constituting a part of the county poor farm. We have sufficient confidence in our municipal and county health officers to warrant the belief that such a suggestion as herein offered is probably not required, but that in case it appeals to them as new that it will be given careful consideration.

A. E. B.

(Since the above was written the Common Council of the City of Fort Wayne has not only refused to make any appropriation for a contagious disease hospital, but declined to increase the niggardly appropriation for the use of the city Board of Health, all on the illogical argument that such expenditures are a useless waste of the people's money. An appropriation for the purchase of a city ambulance wagon to be used instead of the patrol wagon for carrying sick and injured persons picked up by the police, was also refused.

Truly the Creator must have been short of brain substance when he made the majority of the members of the present municipal council of the city of Fort Wayne. They are about the worst lot of peanut politicians that ever injudiciously and with selfish, if not dishonest motives, governed the suffering people of Fort Wayne, and we have had about as senseless aldermen for many years as it is possible to find.—Ed.)

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### CHRISTIAN SCIENCE AS APPLIED TO HORSES.

A quite recent bulletin of the Associated Press announces that Lord Vincent, the famous horse which won the \$10,000 Transylvania stake at Lexington, Ky., has been cured by Christian Science treatment of an affection that had baffled the skill of the best veterinary surgeons of the country. After winning the Transylvania stakes two years ago the horse, in race track slang, "went to pieces" and failed to be put in condition at the hands of skilled trainers and veterinarians. Finally a Christian Science woman in Youngstown,



O., asked permission to work on the horse, the owner finally consenting to have the horse so treated in consideration of the fact that the treatment was to consist of nothing more vigorous than prayers, bible reading, and efforts on the part of the woman to convince the horse that there was nothing the matter with him. As the report goes, it was not very long before Lord Vincent began to see the error of his ways and to realize what a mistake he had made in believing that he was not a race horse as good as he was at the time he won the Transylvania stakes. With the assistance of the Christian Science woman who caused him to reason the matter out in this manner, he concluded that it was only necessary to begin kicking up his heels and eating the customary quantity of oats in order to prove to his owner that he was really worth considering as a prospective racer, capable of continuing former excellent records in trials of speed. At last accounts the owner seemed convinced that Lord Vincent was once more "upon his feet," and accordingly arrangements are being made to gain place the once famous horse upon the race track.

Commenting on this a noted Christian Science healer in New York City says that it is much easier to treat dumb animals by the Christian Science treatment than human beings, and that accordingly every true Christian Science healer devotes a great deal of his time to the not unpleasant task of relieving suffering dumb beasts who require such attention in order to restore them to health.

Of course, the average mind can readily understand that it is quite possible to reason (?) with a horse, and finally convince him that he is entirely wrong in the belief that he is "wind broken," spavened, lamed in any way, or even possessed of the pink eye or jaunders. Furthermore, it is only necessary for our Christian Science friends to use a little of their logic upon the worst old crobete horse that ever existed in order to convince him that he can trot, pace or run as fast as anything that ever went around a race track. It only requires a short step further with this argument for our Christian Science healers to believe that they can cure broken chair legs, piano legs, and other injuries to inanimate bodies. And the strangest thing of all is that there are some people in this world, ordinarily considered intelligent, who will believe all of the absurd nonsense advocated by the Christian Science fakers.

The story of the miraculous cure of the race horse Lord Vincent by Christian Science healers, and the statement that dumb animals

are always more amenable to Christian Science treatment than human beings, reminds us of an incident of actual occurrence in the city of Fort Wayne. During the winter of 1901 and '02, an epidemic of contagious influenza of a rather severe type attacked many horses in the city of Fort Wayne, and when once the disease started in the barn it usually affected all of the horses in the barn. A certain livery stable which sheltered about 65 horses, the majority of which were boarders, was one of the barns in which the epidemic disease seemed to be prevalent in an unusually severe form. As soon as the disease appeared among the horses the veterinary surgeon for the establishment, a very competent man, began the work of isolating affected horses, sterilizing feed boxes, troughs, and stalls as well as instituting proper treatment of the affected animals. It so happened that the leading Christian Science healer of the city of Fort Wayne boarded his horse at the stable, and his was among the first horses affected with influenza. In accordance with his belief and teaching he refused to have his horse treated or given any of the customary medical attention, and it was only upon the insistence of the veterinary surgeon that even the stall and feed box were sterilized. While the poor dumb brute was suffering from the disease the Christian Science healer and his wife, frequently stationed at the head or heels of the horse, were praying for the animal's relief from suffering, and incidently reading passages from Mrs. Eddy's "Science of Health and Key to the Scriptures," for the edification of the animal. It is presumed that the efforts of these noted Christian Scientist healers failed to convince the horse that he was not really sick but only thought he was sick, for during one of the periods of prayer and supplication the poor beast died. Strange as it may seem this horse, having the disease in comparatively mild form as compared to the others in the barn, was the only one out of 65 horses that died, and the veterinary surgeon and other attendants of the stable assert that they think that Mrs. Eddy's "Science of Health and Key to the Scriptures" was altogether too much of a pill for the poor beast to swallow and he, therefore, succumbed under the struggle.

A. E. B.

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#### THE NECESSITY FOR CAREFUL EXAMINATION.

How frequently we hear patients say that they have treated with "ever so many doctors" and not received the desired benefit. Upon inquiry we learn that some of the medical men consulted be-



long to that large class of physicians known as the quacks and charlatans, but not infrequently we are obliged to admit that among the number of medical men who fail to produce the desired results from treatment are one or two physicians having and entitled to a reputation for professional ability. Occasionally we learn that some suffering patient who has gone the rounds of the doctors in a vain attempt to secure relief, has finally been cured of his trouble by the application of some simple home remedy recommended by one of the wiseacre grandmothers in the neighborhood.

Granted that there are some affections that are incurable as well as some that exist in the imagination only, yet it must be admitted that a physician ought to be able to recognize the trouble if he is to give it intelligent attention instead of prescribing on the "hit or miss" plan so often followed.

It is not uncommon to hear physicians say, (and the statement is sometimes true) that from 25 to 30 patients have been seen and given attention during afternoon office hours. We have only to ask "what kind of attention can such a number of patients be given during ordinary office hours?" Is it not such superficial and hasty examination of patients that ends in unsatisfactory results and eventually brings discredit upon the physician?

Within the past few weeks the writer has had occasion to examine a patient who has suffered at the hands of physicians who made an attempt to "railroad her through to health" without giving the case proper examination to determine the cause of the symptoms complained of for which she sought relief. The complaint was headache, and the first physician consulted, after a few questions and no further examination of any kind whatsoever—not even a sample of the urine being called for—announced that the headaches came from "kidney trouble" and a prescription was given. Three or four prescriptions were obtained before the patient became discouraged and sought advice elsewhere. The next physician, with no more extended examination than given by the first one, pronounced the headaches neuralgic in character, and prescribed some tablets, presumably the regulation Gross anti-neuralgic. During the absence of the doctor on a vacation trip the patient found it necessary to consult a third physician, who promptly diagnosed the trouble as "stomach headaches," and began the administration of remedies for indigestion. Soon afterward the patient moved to an adjoining city where she fell into the hands of a fourth physician, a very competent

general physician who made an appointment with the patient for a painstaking examination, which included an examination of the urine, (excluding disease of the kidneys), an examination of the stomach contents, (practically excluding digestive disturbance) and other methods of examination required in order to accurately determine the nature of the trouble. There seemed to be no definite symptoms pointing to eye strain but before passing judgment upon the case the physician recommended that the patient have a careful examination of the eyes to determine the presence or absence of error of refraction as a possible cause of the discomfort. As it turned out eye strain was responsible for the headache, and a pair of properly adjusted glasses produced perfect relief.

Another case in point is one in which protracted and severe headache, treated for neuralgia, a symptom of indigestion, and almost everything else but the right thing, proved to be a symptom of Bright's disease, the diagnosis having been quickly and accurately determined by a chemical and microscopical examination of the urine, a point in the examination of the case which had been excluded or entirely overlooked by two or three physicians who had had the patient under treatment.

Cases similar to these are occurring every day in the practice of physicians who are capable and ought to give every patient the thorough and conscientious examination required in order to arrive at definite conclusions and to make it possible for the adoption of the proper treatment. Any case with symptoms that may be due to any one of a variety of affections requires an exhaustive examination if the physician is to prescribe intelligently and do justice to both himself and the patient.

The criticism we have to offer is that too many medical men are satisfied with a superficial examination, and either jump to conclusions or prescribe for the case without any definite idea as to the nature of the trouble. In other words they treat the symptoms and not the disease. The knowledge that several patients are in the office awaiting the professional man's time is not conducive to the best results from an examination. Yet, we know that in the long run the success of the physician, and certainly the satisfaction and health of the patient, will be best served if the requisite amount of time is always and invariably taken for this examination before treatment is instituted. The man who follows this course can rest assured that



his patients will pay for the added time required, and he will have established a reputation for endeavor to be right before going ahead.

A. E. B.

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## NEWS NOTES AND COMMENTS

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FREE TELEPHONE CALLS FOR PHYSICIANS.—The Maryland Telephone and Telegraph Company has decided to grant free use of pay stations to persons desiring to call a physician.—*Journal A. M. A.*

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THE DOCTORS' TROUBLE WITH LANGUAGES IN JERUSALEM.  
—Dr. N. Senn, the well known Chicago surgeon, who is now making a trip around the world, making a study of surgery as practiced in various countries, reports that at Jerusalem he found a hospital physician who daily used 16 languages in dealing with patients coming under his care, and yet could not speak with many patients because they knew none of those.

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FOR SALE.—A perfectly new and unused Ferguson operating chair and table combined. The latest pattern and complete in every particular, at a bargain. This chair and operating table combined is one of the very best appliances on the market, with all the latest improvements required in an up-to-date appliance of such character. For full information readers are advised to write the editor of the *Medical Journal-Magazine*, address 219 West Wayne Street, Fort Wayne.

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SUCCESSFUL APPENDICITIS OPERATION AT 90 YEARS OF AGE.—Dr. C. B. Stemen, Fort Wayne, was recently called to attend a well known minister, 90 years of age, suffering from appendicitis. An operation was considered extremely hazardous in a patient of such advanced age, but as it offered the only hope of saving life, it was accepted. The appendix with its suppurative contents was removed, and at this date, five weeks following the operation, the patient is out on the street in apparently as good health as prior to the operation.

NEW HOSPITAL DEDICATED.—The Central Indiana Hospital for the Insane has recently had erected a new hospital for the sick insane, which was dedicated with appropriate exercises on Tuesday, September 9, under the auspices of the Marion County Medical Society. This hospital fills a long felt want and enables the superintendent to separate the sick insane from those confined in the main buildings, and to give such sick insane the benefit of regular hospital service.

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OPENING OF THE FORT WAYNE COLLEGE OF MEDICINE.—The 24th annual session of the Fort Wayne College of Medicine began on Tuesday, Sepr. 9th, with an attendance equal to that of any previous year in the history of the College. With this year the College exacts of its graduates four terms of seven months each, or an increase of one month for each year over that of preceding years. The following new instructors have been added to the teaching force: Drs. Chas. R. Dancer, Herman Griebel, E. M. VanBuskirk and J. A. Lomas.

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ANOTHER SAD ACCIDENT.—A Philadelphia widow sued an accident insurance company for \$5,000 damages, the amount of an accident policy she held on the life of her late husband. He had been very sick with typhoid fever or appendicitis, and during convalescence there came a strong desire for more substantial food, so he asked his wife to prepare some baked beans, of which he ate a great quantity. The postmortem showed that the beans had perforated the intestines. This is not a fable invented to illustrate a late eminent and lamentable case. We find it related as a fact in the *Medical Examiner*.—*Journal A. M. A.*

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FASHIONABLE APPENDICITIS.—When Louis XIV, of France, had a fistula it is said that the loyal courtiers could show no better evidence of their fealty than by attempting to follow his example, and the sum of human comfort in high life must have been greatly reduced. A lay paper suggests that King Edward has much to answer for in giving appendicitis royal approval, and quotes English journals to the effect that this particular disorder has greatly increased in Great Britian since the royal abscess was discharged. We congratulate our confreres across the water on the surgical harvest that is before them. It is one of the advantages of republican insti-



tutions that we have no one to set the fashions in medical as well as in other matters. Still it would not be surprising if there should be an appendicitis epidemic among the Anglo-maniacs in Newport and New York.—*Journ. A. M. A.*

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DR. KANNEL NOT INDICTED BY GRAND JURY.—Contrary to expectations the grand jury, after full investigation, failed to indict Dr. J. W. Kannel, of Fort Wayne, for criminal malpractice. It will be remembered by many who read the newspaper reports at the time, that Dr. Kannel was arrested, and released under heavy bonds to await the action of the grand jury, on a charge of criminal malpractice in causing the death of a woman patient at the Hope hospital through not only failure to give proper medical and surgical attention but the most unskillful methods of operating. The charges were preferred by the coroner who was called to make an inquest in the case.

Dr. Kannel's friends are very glad to learn that the grand jury found nothing in the history and circumstances surrounding the case which would warrant a charge of criminal carelessness or lack of the proper medical and surgical attention.

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STOLEN MEDICAL BODIES.—The daily newspapers of Indianapolis are at the present writing publishing, with what is considered much exaggeration and embellishment, reports regarding the unlawful manner in which one of the medical colleges of Indiana has for many years obtained its dissecting material. While perhaps it is a fact that an over-ambitious demonstrator of the college, in a desire to have an abundance of material to work upon, has purchased bodies from ghouls, yet we do not believe for a moment that the college authorities would sanction such transactions if cognizant of them. As might be expected, the wildest kind of rumors are given credence, and a late newspaper report asserts that there is an organization of ghouls in Indiana that has stolen hundreds of bodies for the various medical colleges located within the state. Of course, such a yarn as this is absurd, but perhaps a belief in its truthfulness may result in some action on the part of the next legislature which will make it possible for medical colleges to obtain unclaimed bodies from the poor houses, hospitals, and public institutions without the necessity of so much "red tape," and without the possibility of prevention by misguided individuals who demand that the townships or

municipalities give socalled "Christian burial" instead of allowing the saving of expense by turning the body over to some deserving medical college.

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SICK ROOM CARD IN CASE OF INFECTIOUS OR CONTAGIOUS DISEASES.--Keep the room aired (without draughts), pleasant and quiet.

Keep out all carpets, drapery, clothing and furniture not needed.

Admit no visitors without permission of the physician.

The room, nurse and patient should be kept perfectly clean.

Kill all flies, mosquitoes, and other insects in the room and put up screens to keep them out.

Never allow a bad smell to exist.

All body or bed clothing, towels, napkins, cloths, bandages or sponges must be disinfected before taken from the room.

Dishes which have been in the sick room must be disinfected before being taken away.

Discharges from the sick must be received in a vessel containing disinfectant.

Consider that everything that has been brought into the sick room has become infected and needs disinfection before being carried out.

Don't leave the room or eat without first washing your hands with carbolic or other antiseptic soap.—*Bulletin Ind. State Board of Health.*

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FORMALDEHYDE FUMIGATION.—For thorough disinfection (necessary after recovery or death from smallpox, diphtheria, scarlet fever or typhoid fever. Also after death from tuberculosis).

All articles that have been worn by or that have come in contact with the patient should be left in the room for disinfection.

Close windows and doors, sealing the cracks with adhesive plaster, or cloths wet in sublimate solution, or by pasting on strips of paper; close ventilators, registers, speaking tubes, etc., with heavy, impenetrable paper; remove all hangings from the walls; open cupboards, drawers and closets; hang all clothing, cloths, carpets, etc., upon clotheshorses in the room, each article separated and unfolded. The success of the the disinfection depends largely upon the care with which the preliminary sealing up and preparation is looked after.



Take one large size or two standard size Lister's formaldehyde fumigators, set in a shallow dish or plate of water, and light. Close the doors as you leave the room and stuff the cracks. Leave the room closed for five to ten hours.

After fumigation, air the room by the windows, keeping the door closed to prevent the escape of vapors into the rest of the house. Keep the windows open for twenty-four hours. Afterwards scrub all woodwork, floors, etc., with soap and hot water.

For ordinary disinfection after measles, one standard size candle to a room will be sufficient. For destruction of insects or for simple deodorization, use one candle to a room and open windows as soon as it has burned out.

No fumigant is so effective as formaldehyde gas. It destroys every sort of germ life. It does not harm furniture, nor is it dangerous to persons.—*Bulletin Ind. State Board of Health*...

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A DEFINITE STANDARD FOR A MEDICAL EDUCATION.—We have had much controversy in years past as to the proper education of physicians, but generalizations, mostly, were indulged in. Here we have something definite:

The Michigan State Board of Registration in Medicine, at its meeting held in Lansing, June 11, 1902, passed the following resolution:

*Resolved*, That a satisfactory medical diploma shall be of the following minimum standard, viz:

"Minimum Standard of Preliminary Education."

A certificate of graduation from an approved high school, academy, college, or university with the following minimum requirements:

Group 1. English Language—(a) English Grammar. (b) Rhetoric and Composition.

Group 2. History—(a) History of the United States, as presented in McLaughlin's History of the American Nation, Johnston's History of the United States, or equivalent text. (b) General History as presented in Myer's General History, or equivalent text. Greek and Roman History or English History will be accepted as a substitute for General History.

Group 3. Mathematics—(a) Algebra—Fundamental rules, Fractions, Simple Equations, Involutions and Evolutions, the Calculus of Radicals and Quadratic Equations, as given in Olney's Complete

School Algebra, or Beman and Smith's Elements of Algebra, or some equivalent text. (b) Geometry—Plane Geometry as given in Beman and Smith's Plane and Solid Geometry, or equivalent text. (c) Plane Trigonometry, as given in Wentworth's Trigonometry, or equivalent text.

Group 4. Natural Sciences—(a) Physics, as represented in Carhart and Chute's Elements of Physics, or equivalent text. (b) General Biology, or Botany and Zoology, as presented in Sedwick and Wilson's General Biology, or Spaulding's Introduction to Botany and Kingsley's Comparative Zoology. These courses will be accepted only when accompanied by laboratory work. (c) Chemistry, as presented in Freer's Elementary Chemistry, or an equivalent amount of work in Remsen's Introduction to the Study of Chemistry.

Group 5. Modern Languages—(a) German or French—The applicant must be able to read French or German. This requires for one not born to one of these languages, two years of school work.

Group 6. Latin—(a) Grammar. (b) Prose Composition. (c) Reading—Four books of Ceasar's Gallic War.

#### Minimum Standard of Medical Education—

Lectures and Teaching—30 hours in Electro Therapeutics; 160 hours in Physiology; 100 hours in Pathology; 80 hours in Histology; 200 hours in Practise of Medicine; 100 hours in Obstetrics; 60 hours in Bacteriology; 15 hours in Medical Jurisprudence; 160 hours in Anatomy; 160 hours in Chemistry and Toxicology; 130 hours in Therapeutics; 30 hours in Hygiene; 200 hours in Surgery; 30 hours in Gynaecology; 48 hours in diseases of the Eye and Ear; 100 hours in Pharmacology.

#### Laboratory Work and Demonstrations—

240 hours in Anatomy; 120 hours in Pathology; 100 hours in Histology; 120 hours in Bacteriology; 36 hours in Obstetrics; 60 hours in Eye and Ear; 180 hours in Physiology; 180 hours in Chemistry and Toxicology; 200 hours in Surgery; 120 hours in Practice; 32 hours in Dermatology; 120 hours in Gynecology.

The medical course to cover a four years' course of not less than six months in each year, no two courses to be taken in one year and the beginning of the fourth or final six months of such course shall be dated from October preceding the year of the final examinations for the degree of M. D.—*Medical World*.



## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Clinical Medicine, in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

HEART DISEASE.—Snively, in the *Medical News*, emphasizes the following points: "1. Each patient showing a heart lesion must be a study unto himself. 2. No heart medicine is needed unless the myocardium is unable to do its work in a physiological way. 3. The heart muscle should demand more consideration than the heart murmur. 4. Rest is one of the best therapeutic agents. 5. We should try by every possible means to prevent myocarditis in all diseases where this condition is apt to rise. 6. After any severe disease process we should insist upon the patient resting in bed long enough to allow the myocardium to be restored. 7. We should improve the general nutrition of our patients and restore the blood to a normal standard by the use of blood tonics. 8. We should investigate the kidneys in all cases showing signs of cardiac incompetency. 9. Physical exercise, light gymnastics and properly selected diet are valuable aids in the treatment of cardiac disease.—*Journal A. M. A.*

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THE RADICAL CURE OF EXOPHTHALMIC GOITRE.—Booth concludes an article in *The Journal of Nervous and Mental Diseases* on the "Radical Cure of Exophthalmic Goitre," as follows:

1. Cases of Graves' disease may be completely cured both by thyroidectomy and bilateral section of the sympathetic.

2. In view of the fact that some cases are cured by internal medication, there must be a certain proportion in which the affection does not induce structural changes in any organ.

3. No theory can be regarded as adequate without taking into consideration the function of the thyroid gland.

4. Three factors must be considered in the production of the disease: (a) The central nervous system; (b) the connecting fibers; sympathetic and vagus; (c) the thyroid gland.

5. A lesion of one of these parts may produce a specific alteration in the others, the consequences of which, together with the exciting cause, may give rise to the symptoms of Graves' disease.

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GOVERNMENT SCIENTIFIC TEST OF FOODS.—A scientific test of food preservatives, etc., of unique kind and interest is to be undertaken by Dr. H. W. Wiley, chief of the Division of Chemistry of the Department of Agriculture at Washington. It is to be a sort of scientific boarding house, authorized by act of Congress to test the effects of food preservatives, coloring substances, etc., upon about twelve persons in a state of health. The question of the possible harmfulness of boric and of salicylic acids will, we hope, be decided by the proposed plan. The boarders will be intelligent, will conscientiously cooperate and obey all orders, will eat no food elsewhere, their digestion and other physiologic processes will be scientifically tested, etc. Every boarder will be weighed in the morning. The temperature will be registered three times daily. A careful account of water consumed will be kept, as well as of the food itself. The boarders will have no knowledge of when different preservatives, etc., are being tested, for at least half the time they will be eating a diet which is thoroughly pure—a relaxation diet. The object of this will be not only to prevent the system from real injury, but also to tell how far into a period of normal conditions the effects of former harmful ones may persist. At each meal some men will be eating doctored food, and some pure food, but they will not know which is which. The quantities of adulterants employed will nowhere be perceptible to the senses. The person who will apply the preservatives for these experimental tables will be experts, and the quantity employed in each instance will be measured accurately.—*Amer. Med.*

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HYDROTHERAPY IN TABES.—Munter in *Deutsche Med. Woch.*, gives a detailed discussion of the use of hydrotherapy in tabes. Some of the recommendations which he makes are that in the treatment of pain, salt baths that are not too concentrated (1 per cent) and are of indifferent temperature are more valuable than more concentrated baths that have a higher or lower temperature. The baths mentioned may be used for three-quarters of an hour to an hour. The mild warmth of the bath decreases irritation and is stimulating at the same time. Short



cold baths have a tonic effect and are stimulating, but are also exciting. If there is a tendency to very ready exhaustion, the author gives these baths for only ten to twenty minutes at a time; and the temperature should be kept within very narrow limits. If the stimulation may be increased a little, he gives a half bath, which is gradually cooled down several degrees. He does not use rubbing during the bath, as too much heat is lost by this and it acts as an irritant upon the nerves. The bath is followed by a rapid douching of the extremities with cold water. This douching should not last more than 5 or 10 seconds. The use of complete or half packs should be watched with care, as their results are likely to be uncertain in tabes. Packs at lukewarm temperature are commonly, but falsely, considered to be good treatment. They readily cause chills and increase the pain. For the pain, ataxia, paresthesia, restlessness and other nervous disturbances, the author has frequently had good results from the use of faradic baths with slowly increasing current. The employment of higher temperatures in tabes is also of doubtful value. Steam baths should never used. The sand bath had no indication. The electric light bath had no special usefulness, and often increase the pain. A dry hot air bath is not infrequently useful. In closing Munter states that very satisfactory results may be obtained from the hydrotherapeutic treatment of tabes.—*Phil. Med. Journal*.

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ELECTRIC LIGHT BATH.—J. C. Kellogg summarizes the therapeutic effects and modes of application of the incandescent light as follows: 1. General and local revulsive effects, by dilating the cutaneous vessels. The reddening of the skin begins within a few moments and becomes more and more intense as the application is continued. The permanency of the effect may be increased by a short cold application following the light bath. 2. Sudorific. It induces perspiration more quickly and more vigorously than any other agent, and with the least amount of inconvenience and discomfort. Care must be taken to protect the heart and head by cold compresses. The patient should be made to drink water copiously, both to encourage diaphoresis and to maintain the normal blood volume. 3. Promoting the absorption of exudates. Both general and local applications are valuable. In France the general electric light bath has been used successfully in promoting the absorption of exudates in the cornea of the eye.

vitreous opacities, and similar pathologic products. Kellogg has used with success in promoting absorption of exudates from the pleural and peritoneal cavities, and in and about the joints, general applications of the electric light bath, combined with local applications of the light to the effected parts, and suitable hydropathic measures. A cooling bath is necessary after general applications, and the alternate spray or doche after local applications to the joints, this to be followed by application of a heating compress. The local application of light should be made at least twice daily, the general application once a day. The heating compress should be changed at least twice daily. Massage and, in some instances, electric applications to the parts, and especially to the adjacent muscle, are important adjuvants. 4. Tonic effects. No other means excel short applications of the incandescent lights (3 to 8 minutes.) A sensation of well-being, similar to that experienced by one who stands before a glowing fire, is pronounced, and when followed by a proper hydropathic application, the stimulation to nutrition is of the highest possible degree.—*Amer. Med.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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TUBERCULIN IN TUBERCULAR PERITONITIS.—Deny's (*La Presse Med. Belge*, *Phil. Med. Journal*, Sept. 20, 1902); reports ten cases of tuberculous peritonitis treated by injections of tuberculin. Eight recovered. Six had fever, and seven had ascites. Marked improvement followed the first injection in all cases. But one case died, and that from secondary infection.

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GRIPPAL HEMORRHAGIC CYSTITIS.—Breton (*Gazette des Hôpitaux*): Three cases are reported. The common symptoms of constitutional grippe, after having lasted four or five days and apparently letting up, were followed suddenly by symptoms of cystitis and hematuria. The blood was from the bladder. There were no kidney symptoms. With rest in bed and the ordinary treatment of



cystitis the hematuria ceased in from three to nine days. For a few days subsequently the urine contained muco-pus, gradually becoming normal.—*Med. Progress*, September, 1902.

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TREATMENT OF INTESTINAL CANCER.—Professor Hochenegg, of Vienna, has recently published an article (*Interstate Medical Journal* on the Therapy of Cancer of the Intestine which is worthy of careful study. His opinions are valuable because his experience has been great, perhaps greater than that of any other surgeon. He has operated on 282 cases of cancer of the large bowel, 237 of these being cancer of the rectum.

In the latter excision was done 174 times and in the remaining cases some palliative operation. The author reports thirty permanent cases, one after 15 years, and six more than nine years.

Hochenegg says his percentage of permanent cures is only excelled by that of Kocher's clinic. A two-stage operation is recommended in cancer of the colon and the sacral sound is advised in extirpation of rectal cancer and his results seem to warrant the choice of these methods.

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A NEW USE FOR THE APPENDIX.—A very ingenious idea is advanced for the use of that supposedly superfluous human appendix. R. F. Wier, (*Med. Record*, Aug. 9, 1902,) shows the advisability of making an artificial anus at the cecum, or in the upper portion of the colon, in those persistent and intractable cases of colitis which frequently prove fatal under medical treatment. He had done one operation of this kind according to the Kador-Gibson method. When about to do another the appendix presented itself so easily that he at once made use of it. He sewed the tip of the appendix in the wound and then, opening the end, drew a small catheter through its lumen into the cecum. If one were sure it was patent it would be unnecessary to open the appendix until adhesions were formed. Irrigations were subsequently carried on through this organ and the case made a good recovery. The danger of shock and peritonitis is very much lessened by this means and the subsequent treatment in closing or removing the appendix is comparatively simple and safe.

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

INFECTIOUS ULCERS OF THE CORNEA.—In the discussion of the treatment of infectious ulcers of the cornea, at the Saratoga meeting of the American Medical Association, Prof. Haab, of Zurich, Switzerland, the guest of honor of the Ophthalmological Section, said that he had secured best results by the use of pure carbolic acid. The infected area is first carefully cleansed, after which it is thoroughly touched with the pure acid applied by means of a toothpick or the point of a fine probe, care being taken that healthy tissue be not destroyed.

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THE McREYNOLDS OPERATION FOR PTERYGIA.—Dr. John O. McReynolds (*Journal A. M. A.*, Aug. 9), gives the following details of his new operation for pterygia: 1. Grasp completely the neck of the pterygium with strong but narrow fixation forceps. 2. Pass a Graefe knife through the constriction and as close to the globe as possible, and then with the cutting edge turned toward the cornea shave off every particle of the growth smoothly from the cornea. 3. With the fixation forceps still hold the pterygium, and with slender, straight scissors divide the conjunctiva and subconjunctival tissue along the lower margin of the pterygium, commencing at its neck and extending toward the canthus, a distance of one-fourth to one-half of an inch. 4. Still hold the pterygium with the forceps and separate the body of the growth from the sclera with any small non-cutting instrument. 5. Now separate well from the sclera the conjunctiva lying below the oblique incision made with the scissors. 6. Take black silk thread armed at each end with small curved needles and carry both these needles through the apex of the pterygium from without inwards and separated from each other by a sufficient amount of the growth to secure a firm hold. 7. Then carry these needles downward beneath the loosened conjunctiva lying below the oblique incision made by the scissors. The needles after passing in parallel directions beneath



the loosened lower segment of the conjunctiva until they reach the region of the lower fornix, should then emerge from beneath the conjunctiva at a distance of about one-eighth to one-fourth of an inch from each other. 8. Now, with the forceps lift up the loosened lower segment of conjunctiva and gently exert traction upon the free ends of the threads, which have emerged from below, and the pterygium will glide beneath the loosened lower segment of the conjunctiva, and the threads may be tightened and tied and the surplus portions of thread cut off, leaving enough to facilitate the removal of the threads after proper union has occurred.

It is very important that no incision should be made along the upper border of the pterygium, because it would gap and leave a denuded space when downward traction is made upon the pterygium. On the contrary, the elasticity of the conjunctiva is such that when this downward traction is exerted upon the head of the pterygium the conjunctiva becomes thinned out and smoothly applied to the sclera corresponding to the former site of the body of the growth, and the margin of the conjunctiva coincides accurately with the sclero-corneal junction. Thus, when the operation is completed and the speculum removed, no stitch is seen, because it is hidden by the lower lid; the only denuded area is on the cornea. The former site of the body of the pterygium is covered by a thin and comparatively nonvascular conjunctiva, and what blood vessels remain are directed downward and not horizontally, and hence do not tend to encroach again upon the cornea. In fact, the whole vascular activity is concentrated beneath the lower lid, where it is not only removed from view, but protected from the irritating influences of dust and exposure, and the process of atrophy naturally and surely follows. In the meantime, the corneal wound heals quickly, and the thin conjunctival tissue becomes closely adherent to the sclera and hidden beneath the loosened lower segment of conjunctiva. If the head of the pterygium is very large it may be cut off before the growth is drawn down beneath the loosened lower segment of the conjunctiva.

## BOOK REVIEWS.

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STORIES OF A COUNTRY DOCTOR.—By William P. King, M. D., of Kansas City, Mo. Illustrated. Pages 1 to 368. Cloth, \$1.00, postpaid. The Clinic Publishing Co. 1902.

The present edition of "Stories of a Country Doctor," is called a re-issue from the fact that in 1898 the original plates which belonged to the author, and from which a great many editions had been printed, were destroyed in a printing house fire in New York City. Those who enjoy good stories which deal with the wit, the humor, and the pathos of humanity, told in an entertaining manner, will appreciate this work of Dr. King which has already been enjoyed by thousands of people who were privileged to read copies of the many previous editions, and will be enjoyed by thousands more who will read the new editions re-issued under the special direction of the author. Dr. King has given the readers of his book the benefit of a large and varied assortment of incidents, both humorous and pathetic, taken from an experience of a quarter of a century's medical practice with his contact with all sorts and conditions of humanity. The book, as the author has well said, is true to life and the stories are told in all honesty and kindness. The quacks and scoundrels who infest our communities and who by their falsehoods and false theories bring disgrace upon the profession are properly excoriated and the people who hinder the work of intelligent and progressive medical men by their ignorant superstitions, their selfishness and vanity, are duly characterized and satirized. As a book for the leisure hour we can heartily recommend "Stories of a Country Doctor."

Copies may be obtained of the *Journal-Magazine* by addressing the editor and enclosing the publishers' price as above quoted.

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DISEASES OF THE STOMACH.—Their special Pathology, Diagnosis, and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach Contents, Dietetics, Surgery of the Stomach, etc. By John C. Hemmeter, M. D., Philos. D., Professor in the Medical Department of the



University of Maryland, Baltimore; Consultant to the University Hospital, and Director of the Clinical Laboratory; author of a "Treatise on Diseases of the Intestines," etc. With many original illustrations, a number of which are in colors, and a lithograph frontispiece. Third Enlarged and Revised Edition. Philadelphia. P. Blakiston's & Co. 1012 Walnut Street. 1902.

The new edition of this splendid work upon the stomach will be welcomed by the medical profession. Its appearance within two years of the issuance of the last preceding edition is in itself a high and indeed a proper indorsement of the work by the medical public. After the thorough review in these pages, it is unnecessary to enter into details, and the work can be again cordially recommended as one of the very best guides which the physician can secure in this department of medicine. The illustrations are of a very high order, and it is safe to say that the volume will prove a satisfaction to anyone who secures it.

G. W. M.

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DISEASES OF THE EYE.—A hand-book of Ophthalmic Practice, for Students and Practitioners. By C. E. DeSchweinitz, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College; Professor of Diseases of the Eye in the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital; Ophthalmologist to the Orthopaedic Hospital and Infirmary for Nervous Diseases. With Illustrations and two Chromo-Lithographic Plates. Third Edition. Thoroughly Revised. Price, Cloth, \$4.00 net. Philadelphia. W. B. Saunders, 925 Walnut Street.

It is scarcely necessary to pass favorable comment upon such a well-known work as this, which within the short space of six years has not only met with marked success but required the publication of three editions, a fact which alone is a sufficient recommendation of the character and value of the work. As with the preceding editions, the third is a very careful revision of its predecessors, due attention being given to all of the later discoveries and theories pertaining to the diagnosis or treatment of diseases of the eye. A very striking feature of the third edition is the addition of much new matter, particular attention having been given to the important relations which microorganisms bear to many ocular disorders. Special paragraphs on the following subjects appear for the first

time: Favus of the Eyelids, Blepharo-Chalasis, Koch-Weeks' Bacillus Conjunctivitis (Acute Contagious Conjunctivitis), Pneumococcus Conjunctivitis, Diplo-Bacillus Conjunctivitis (Subacute Conjunctivitis), Parinaud's Conjunctivitis, Pneumococcus Infection of the Cornea, Schizomycetal Infection of the Cornea, Oyster Shuckers' Keratitis, Fugacious Periodic Episcleritis, Rontgen Rays for Detecting Foreign Bodies in the Vitreous, Retinitis Striata, Hereditary Optic-Nerve Atrophy, Eucaïn, and Holocain. Certain articles—for example those on Astigmatism, Acute and Chronic Retro-Bulbar Neuritis, Diseases of the Sinuses, Colorblindness and its Detection, and the Treatment of Insufficiencies of the Ocular Muscles, as well as a portion of the chapter on Operations—have been re-written largely, or at least materially changed. A number of new illustrations have been added which very materially assist in the better understanding of the text and increase the value of the work. The subject matter throughout has been handled in that careful yet thorough and conscientious manner so characteristic of the author, and one cannot point to anything in the work that does not indicate a wide experience on the part of the author and the ability to express in a clear yet terse manner the ideas that are accepted by all progressive ophthalmologists. The work is not intended as an exhaustive treatise on the subject, but is sufficiently complete to warrant its place upon the shelves of any ophthalmologist, and of the highest value to the general practitioner and student who requires a book of reference that will answer every purpose and can be thoroughly trusted as being reasonably complete and thoroughly up-to-date.

A. E. B.



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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### THE PRETUBERCULAR STATE—SOME OF ITS ETIOLOGICAL FACTORS\*

BY A. P. BUCHMAN, A. M., M. D.

Professor of Diseases of the Digestive System in the Fort Wayne College of Medicine, Fort Wayne, Ind.

The idea that I desire to present at this time is not, to me, simply an unverifiable inference. It is based upon the proposition that there is a clearly defined pretubercular period, of variable duration, in many cases of tuberculosis.

I am of the opinion that the landmarks of this preparatory stage or condition are so closely defined that to overlook them is to have permitted the patient to advance his pathologic condition from a point at which a cure can be promised with a reasonable degree of certainty, to one where everything is uncertain and extra hazardous.

The theory at once eliminates the tubercle germ as the primary causative factor. We now know that it is ubiquitous, it is present everywhere and all the time, but is absolutely harmless until one has violated the fundamental law of well-being.

This fundamental law of biology which is so closely connected with our physical well-being, may be stated thus: The existence of any organism depends upon its being able to maintain a process

\*Read before the Allen County Medical Society, September 30, 1902.

of change in continuous adjustment with its surroundings, and to do so it must maintain a struggle against other organisms. These opponents in the battle of life may be either of the same or of different kingdoms; vegetagle versus vegetable, animal versus animal, or vegetable versus animal. We have a vast army of scavengers belonging to both the animal and vegetable worlds which are employed to use up every part of decomposing material of animal or vegetable substance and to hasten its resolution into the inorganic state, as water, carbonic acid, ammonia and such like.

Substances belonging to the mineral kingdom (such as carbon, oxygen, hydrogen, nitrogen, phosphorus), are the ultimate constituents of all animal bodies, and therefore of our human body. We may go still further, since advanced chemists teach us that oxygen, hydrogen and nitrogen are metals in a perfect state of gaseity. Therefore, in a chemical point of view, we may dismiss the arbitrary distinction between mineral and non-mineral, and even, as a convenient arrangement for dividing the study of chemistry, that between organic and inorganic chemistry. This distinction properly belongs to biology, and not to chemistry.

Now a corollary of the law of interchange and well geing is this: No substance can be received into the animal body, as a portion of its structure, if presented to that body in an unorganized state; that all such organized foods are reduced to the gas or atomic state, before being reassembled as cell or bodily structure.

The corroct interpretation of this phenomenon will lead to a corresponding widening of our views of nutrition, and the biological equilibrium that will determine the active presence of the tubercle germ and give it the upper hand in the struggle.

To understand disease in any case we must go back to its origin and note the point of departure from the normal or healthy state. In fact, we must leave disease for the moment and study the healthy state which is in closest connection with that diseased state, or, in other words, go to the physiology to understand the pathology. In the two fundamental functions of nutrition and respiration we have the means by which the supply of materials for the active molecular rearrangement (which organisms and especially animal organisms display) is maintained.

The process of animal nutrition consists in part in the absorption of those complex substances which are highly capable of being chemically altered, and also in the absorption of simpler substances



capable of producing a chemical alteration. The inorganic substances, however, on which mainly depends these metamorphoses in organic matter, are not swallowed along with solid and liquid food, but are absorbed from the surrounding medium—the air or water, as the case may be. Whether the oxygen taken in as by the lowest animals, through the general surface, or as by the higher animals, through the respiratory organs, is the immediate cause of those molecular changes that are forever going on throughout the living tissues, or whether the oxygen playing the part of scavenger merely aids these changes by carrying away the products of decomposition otherwise caused, it remains equally true that these changes are maintained by its instrumentality.

It follows, therefore, that whatever the special changes, the general process is a falling off from a state of unstable chemical equilibrium to a state of stable chemical equilibrium, and whether this process be direct or indirect, the total motion given out in effecting it must be the same.

The animal lives upon organized materials, taking up oxygen and evolving carbonic acid and other oxidized products. The chemical function of the animal is oxidation. Now, taking the human body in a state of health (or that which passes for health) we find that the above description may fairly represent what is constantly going on. Thus the component parts or ultimate molecules of a man's body pass almost at once into the inorganic. One step, or at most, two or three, from the highest of organisms into the totally inorganic state, from the animal to the mineral kingdom in perfect and accurate accordance with the laws of interchange.

But when disease comes with diminished vitality in any part or throughout the whole fabric of the body, we find a very different state of things. Enroute to the mineral kingdom the parts are broken up into lesser systems. The microbes are only the natural footsteps of decay.

In the form of the disease under discussion, together with other forms of analogous relationship, the beginning point is an excess of carbonic acid, or rather, carbon di-oxide. The origin of the carbon excess is at once referrable to the too frequent eating of carboniferous foods, and the question now is, how do these stand in relationship to the pretubercular state and finally to tuberculosis in its active state?

The starch granule, when it gets into the stomach, and later

on into the intestines, generates, or is apt to generate, carbonic acid gas. The oxidation of the food stuffs maintains the body heat, and the place where the heat is mainly generated (not entirely so, of course) is the mucous membrane of the lungs. If this mucous membrane has more work thrown upon it than it can comfortably accomplish, it becomes congested and inflamed; and the equilibrium between the gases there exchanged is relatively disturbed, and the commonest effect is "taking cold." But before a person "takes cold," imperfect food assimilation has generally occurred. When starch has broken up into carbonic acid gas, and other products, what has happened? For one thing, over-acidity in the stomach and intestines is very apt to occur. With each meal ingested, composed largely of starches, there is an additional quantity of carbonic acid is generated. It acts as a narcotic, or, in other words, it paralyzes the mucous membrane of the stomach and intestines to a more or less extent, or its action is extended in that direction more or less, and, let me add, by way of parenthesis, that an abnormal quantity of carbonic acid gas now passes into the general circulation, producing a semi-paralytic effect on every cell and tissue in the body. This now stands as a primary causative factor in a group of diseases which are all related through this cause, however different in effect and appearance.

But to recur, the consequence, or one of the consequences, is that the intestinal follicles gap, or open too widely, and when they do this they take up particles of food not yet properly elaborated. The conditions are, therefore, imperfect chymification in the stomach and imperfect chyfication in the intestines. Following this process further we can trace these imperfectly elaborated and large particles as they course in the lacteal vessels and are conveyed into the blood, where they may be discovered by the microscope in fresh blood examinations. What becomes of them there? In early life they often find their way to the lymphatic glands and there set up a suppuration. But in later life the lymphatic glands appear to have more resistance. The unassimilated particles of stuff coming from the food are conveyed by the lacteal system to the veins, and by them to the heart and general circulation directly, or they find their way to the portal circulation first and to the general circulation afterwards. In the course of the general circulation they become still further elaborated, partly, no doubt, by aeration, and partly by a secondary digestion which takes place in the muscle



sheaths and muscle septa. But some of the particles may escape elaboration in either of these ways. There may be some of them that the processes of the economy are unable to deal with in its provisions to overtake them. What becomes of them then? Is it impossible that some of them, say one or two, for the sake of the argument, may find their way into a fine capillary vessel just capable, let us suppose, of conveying one blood corpuscle at a time? If these particles are larger than this, if say they measure a two-thousandths of an inch or more is it not evident that they will be likely to cause a block, which, by the accumulation behind it of blood corpuscles and other unelaborated material and unassimilated particles may form the nucleus of an infiltration into the surrounding cellular tissues and thus form the nucleus of a tubercle.

We now have a soil specially prepared for the active functioning of the tubercle bacillus. It now comes in to remove the structures that are no longer capable of performing their normal physiological functions. As the bacillus is now surrounded with a soil that encourages its growth and propagation its life and death history produces innumerable toxic substances that will only be fully understood when the chemistry of the same once comes fully within our view. The matter produced by it as it takes the structures concerned down towards the gas or kinetic zone prepares the soil for the life and death history of other micro-organisms, hence the mixed infections.

I should like to close this paper with a broadened view of the pathology of the causative factors named, but this would lead me far past its title. I will, therefore, be content with a summing up as follows:

(1). That in every case of tuberculosis, no matter in what structure or tissue located, there is a clearly defined pretubercular state of variable duration.

(2). That the conditions that initiate the pretubercular state are in positive relationship with tuberculosis.

(3). That the primary and sole cause of the pretubercular state is (a) an excess of carbon in the system, and (b) unelaborated food particles floating in the general circulation.

(4). That a properly and scientifically regulated dietary will, in a large proportion of cases, entirely cure the condition.

(5). That dietary is an important branch of therapeutics.

## THE LESSON OF VIRCHOW'S LIFE.\*

BY JAMES J. WALSH, Ph.D., M. D.

Assistant Editor of the Medical News, New York City.

Full of days, at the ripe age of 81, Professor Rudolf Virchow, the greatest medical scientist of this, perhaps, of any, generation, passed away at the beginning of September. Few men have been honored so universally by their contemporaries and fewer still have deserved the honors so well as Virchow. The medical world united last October on his 80th birthday in acclaiming his scientific merits, and the medical journals of every civilized country have during the past week been replete with their expressions of regret for the passing of the great medical discoverer. To him more than to any other is due the present status of medicine. Not only did he lay the foundations of modern pathology in his monograph on cellular pathology published when he was scarcely 35 years of age, but he added to his original brilliant discoveries in successive editions of that work, developed the important principles of the application of the cell doctrine to the study of diseased tissues and showed how the problems presented by inflammation and pathological tumors found their only rational solution in the study of the cellular changes that characterized these conditions.

But Virchow was no mere closet philosopher or laboratory investigator. The practice of medicine at the time of his graduation was in such an unsatisfactory condition that it offered little inducement as a career to a man of Virchow's straightforward, vigorous, logical spirit. His practical genius could not be confined to pathological speculation nor his philanthropic instincts satisfied with great original observations even though they were concerned with the humanitarian science of medicine. The ills of mankind, social as well as physical, appealed to him, and very soon he realized that his vocation was to minister to men, widen their knowledge and subserve their interests, not from any single standpoint, but from nearly every possible direction. How nobly he fulfilled that vocation his life story tells. He was an example of "the heirs of all the ages in the foremost files of time" of what a man can make of his life and at how many points he can make it touch the life around him and everywhere for good. It is for this rather than his scientific discoveries, great as they were, that

\* Extracts from article in Independent, Sept. 18th, 1902.—Indiana Medical Journal.



Virchow deserves to be remembered. He found time for manifold scientific studies, yet he never neglected the simple civic duties for which so many a less devoted scientist can find no leisure. He never considered scientific pursuits as a legitimate pretext for the neglect of opportunities to benefit the generation around him, though he saw his efforts fail over and over again and knew how meagre the appreciation that ever accrues to such efforts. When the roll of great good citizens shall be called Virchow's name will head the list, for his life is a model to a busy generation prone to slur over civic duties of what can be accomplished in such matters by those who have sincere good will to guide them.

Virchow the man is even more interesting than Virchow the scientist. He was self-made in the best sense of the words. He was born in the little town of Schivelbein in Pomerania, one of the poorest of the Prussian provinces. His father was a small shop-keeper, and the boy Virchow could have only the opportunities afforded by the village school. He attended this till he was 13 years of age, when he was sent to the gymnasium in the not far distant town of Koslin. He spent four years here and then went to Berlin for his medical studies. The University of Berlin did not enjoy in the fourth decade of the nineteenth century anything like the reputation it has acquired since. The medical school at Vienna was far more famous. Virchow was sent there because living was cheaper rather than because of any special educational advantages presented.

His going to Berlin, however, was fortunate for him, since he fell in with a goodly company of young, brilliant students, many of whom were destined to be scarcely less famous than himself, and whose united efforts were to bring reputation of their *alma mater* and to the medicine of their fatherland. It is doubtful if a more talented coterie of students ever gathered around a single professor at the same time than were assembled in the lecture rooms of the medical school at Berlin at this time. The source of their inspiration was Johann Muller, the distinguished physiologist, and every one of his illustrious pupils has borne cordial testimony to the marvelous influence of the master. With Virchow at Berlin was Schwann, the founder of the cell theory; Du Bois Reymond, the physiologist; Hermoltz, the physicist; Heule, the anatomist, and Brucke, the physiologist, not to mention for the moment such lesser lights in medical science,

many of whose names will remain imperishably associated with discoveries in human anatomy or physiology, as Lieberkuhn, Lachmann, Reichert, Clàparede, Troschel and Remak. In association with such geniuses it is no wonder that Virchow developed young and that when scarcely 25 he was appointed a regular lecturer at the University of Berlin and founded the *Archives for Pathological Anatomy, for Physical and for Clinical Medicine*, which has been published under his editorial guidance ever since.

Just after his election as lecturer there occurred a noteworthy event that proved a turning point in his life history and mental development. He was sent as the medical member of a government commission to investigate the suffering among the hand weavers in Silesia, brought to destitution by the introduction of machinery. The scenes of distress he saw were those that have been staged with so much dramatic poignancy by Gerhardt Hauptmann in "Die Weber." They affected Virchow very deeply. More than fifty years afterward I heard him describe with every manifestation of lively sympathy the awful condition of the starved people and the expedients they tried in order to cheat their hunger. Virchow came back to Berlin with a new purpose in life in his heart. He was resolved to use his talents as far as possible for the uplifting of the poor and the prevention of suffering.

When the revolutionary ideas became rampant in Europe in 1848 Virchow was one of the enthusiastic young Germans who were infected by them. Some, like the recently deceased General Siegel, Carl Schurz and Dr. Jacobi, had to quit the Fatherland. What was Germany's loss proved America's gain. For what were considered unguarded expressions against the government Virchow was asked to resign his position at the University. Already, however, his articles on many subjects in his *Archives* had attracted wide-spread attention. His observations on the white blood corpuscles, on thrombosis, on certain phenomena of inflammation and on various intestinal parasites stamped him as an investigating genius of very high order. Accordingly, it was not long before he was offered the chair of pathological anatomy at Wurzburg. Here in the next eight years, apart from the distraction of politics, he did the great work of his life. In a few years the attention of the whole medical world was drawn to the little Bavarian university, that had hitherto escaped any extensive notice.



As a result of the recognition of the fact that his work on cellular pathology opened up a new era in medicine, Virchow was recalled to Berlin, this time to the full professorship of pathological anatomy. For many years discoveries followed each other without pause. His observations on the various stages of inflammation and on tumors set the medical world on the right track with regard to topics that had hitherto proven most obscure and confusing. But he did not limit his studies to pathology. He wrote articles of light and leading on various subjects connected with public and school and military hygiene, on hospital arrangement and regulation, on epidemic and endemic diseases, on the relations of criminality and pathology and forensic medicine, on medical statistics and, finally, on the cleansing and sanitation of cities.

Nor did he confine his intellectual labors to medical subjects. His early studies on the pathology of the skull and on criminal deformities aroused his interest in the varying shapes of normal skulls and he devoted no little time to the investigation of racial cranial peculiarities, so that he became the leading authority on the subject. Other departments of anthropology were taken up, and then he became interested in ethnology and archeology. As a result he lent all the weight of his influence to secure Government encouragement and aid for the various museums in Berlin. He even went to Hissarlik while Schliemann was engaged in his excavations at Troy, and it is not a little owing to his interest that the museum at Berlin possesses the Schliemann collections. All this would seem more than enough to occupy all the time of a very busy man, yet Virchow had other matters in hand. He edited an extensive system of medicine, he guided editorially several medical journals besides the one known by his name, and he accepted the editorial supervision of the "Virchow Sammlung" of pamphlets on many historical questions. Any who knew the man will realize that his editorship was no mere name.

Surely, if anyone ever could, the man who was bound by all these obligations might justifiably advance the excuse that he had no time for politics. But Virchow did not. His duty as a citizen and the opportunities to help his generation solve the problems presented to it appeared to him even in the midst of his absorbing occupations and the appeal was faithfully heeded. His bitter experience at the beginning of his career did not discourage

him. He had not been back in Berlin two years when he accepted the position of City Councilor. He continued to hold his seat and faithfully fulfilled the duties for over forty years. When he took the place Berlin was a comparatively small city. It grew to be one of the great cities of the world, and Virchow was ever ready to face the onerous duty of helping to meet the problems this growth created. To him was entrusted the task of providing a pure water supply and of directing in the disposal of the city sewerage. This last problem was particularly trying since Berlin has no nearby river to carry off its sewage, the Spree being scarcely more than a sluggish creek. The proudest feelings of Virchow's life were wrapped up in the realization that he had helped solve this difficult problem. He spoke of nothing with more complacency than that the workmen on the immense sewage farms to which Berlin's excrementitious material is distributed suffered less from contagious diseases, and especially from contagious intestinal diseases, than the general run of the inhabitants of Berlin. Every day the health record of the men were brought to him and no care was thought too great to secure their continuance in good health and their protection from all possible dangers.

But Virchow's political interests did not stop here. Five years after his return to Berlin as professor he was elected a member of the Prussian Legislature. Here he at once made himself felt and he continued to be one of the most active members from 1862 to the beginning of the present year, when an accident prevented his further attendance. For over twenty-five years he held the important post of chairman of the Finance Committee, and it is said that to him is due the suggestions that form the basis of the present system of Prussian finance. In the Chamber he was always identified with measures for the benefit of education, and ever on the watch to prevent legislation that might curtail University privileges or hamper freedom of teaching. At the time of the famous May laws, when Bismarck attempted to ride rough shod over religious feelings and diminish religious liberty, he met not only an implacable opponent, but a rival worthy of him in Virchow. To Virchow is attributed the invention of the word "*kulturkampf*," which proved the key of the situation. Bismarck's movement could not endure stamped with the designation of opposition to progress. The attempt to make Church subservient to State failed.

In the early eighties, just when he was in the midst of some of



his archeological labors, Virchow was honored with election as a member of the German Reichstag of Imperial Parliament. Even this new demanding position he somehow found time for. During nearly fourteen years he represented a Berlin constituency in this body. That he was no mere figurehead is proved by the fact that he drew upon himself the special enmity of Bismarck, who better than any other appreciated exactly the calibre of an opponent and recognized at once those he could afford to neglect. The biographers of the great German Chancellor take up no little space in the description of the contentions between the two men. Matters finally came to such a pass that Bismarck sent his seconds to Virchow with a challenge. It would have been a scene for comic opera, this duel, had it taken place, between the huge man of blood and iron who had ruled Germany with ruthless hand and the gentle little scientist scarcely five feet in height, whose genius had made him the exponent of all that was opposed to the great Chancellor's policy. Fortunately, the intervention of friends prevented the meeting. A little later Bismarck took his revenge by deposing Virchow from the position of Rector of the University of Berlin, to which post of honor he had been elected by his colleagues on the faculty. Five years later a triumphant vindication came for Virchow, when in 1892 he was once more elected and this time served his term undisturbed.

In politics Virchow was always a Liberal, but without the foolish radicalism or socialistic ideas that would have hampered his career of usefulness as a legislator. His sympathies from his early years were always with the poorer classes, but only with the ideas of gradual improvement of their condition and without any foolish notion of an immediate Utopia. His views were not radical enough for the Social Democrats in 1893, and to this, and to their eternal discredit, he owed his failure for re-election to the Imperial Parliament. This defeat did not, however, discourage him from devoting himself to his other opportunities of doing good in political office.

Surely the lesson of our generation of the life of this great scientist is plain. He felt that no excuse of intellectual labor or scientific preoccupation or educational duty (for it must be remembered that during all these fifty years he never missed a University lecture except through illness) could justify a refusal to give a

proper share of his time to the interests of the community in which he lived. Who shall say that the world has lost anything because Virchow thus nobly did his simple duty as a citizen, though it was at the cost of precious time that might have been given to apparently more important matters. If the example of his life shall arouse others to emulation of his devotion to civic duties, then far from losing anything the world shall have gained much by his mode of action. Virchow is gone, but his discoveries in pathology will be the seeds of medical advances for generations yet unborn, and his noble devotion to the cause of humanity as it came to him under sanitary, scientific or political guise will be as fruitful in its own way. The Germans had a saying that when Virchow died it would be found that he was not one but four men, and the saying deserves to be the epitaph of this wonderfully rounded genius, who made himself all things for the good of his generation.



# Fort Wayne Medical Journal-Magazine

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.

55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.,  
107 West Main Street.

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All Communications, Subscriptions, and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 55 West Wayne Street, Fort Wayne, Ind.

## EDITORIALS.

### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

### THE FEE OF DR. LORENZ.

So many conflicting stories have been told regarding the fee paid Prof. Adolph Lorenz, of Vienna, for coming to this country to operate on the Armour child at Chicago, that the general public has a very confused idea of the remuneration received. We are very reliably informed by a surgeon of Chicago, who seems to be in possession of all the facts, that Prof. Lorenz received from Mr. Armour \$90,000, or more specifically \$50,000 for the operation at Chicago and \$4,000 per day for ten days spent in Chicago following the operation, and during which time the Armour child was under Prof. Lorenz's care. It is presumed that Prof. Lorenz will be away from Vienna two months, and taking out his personal ex-

penses, as also the salary and expenses of the two assistants brought with him from Vienna, there still remains the handsome fee of \$75,000 clear profit.

We congratulate Prof. Lorenz upon his good fortune in securing this magnificent reward for his services, which probably exceeds in money value the professor's income for the past ten years, and only wish it were possible for more of our capable men in the medical profession to receive adequate compensation for work performed. We are pleased to note that Prof. Lorenz's fee was the offer of the Armour family and not the price charged or suggested by Prof. Lorenz. Would that there were more wealthy people like the Armours, who, in appreciating medical and surgical skill, would pay for the same a sum in keeping with their ability to pay instead of in keeping with the fees customarily charged people of comparatively moderate circumstances.

A. E. B.

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#### DR. LORENZ'S PERMIT TO PRACTICE.

There has been a disposition in some quarters, particularly in the daily press, to criticise the Illinois Board of Medical Registration and Examination for its demand of Prof. Lorenz, of Vienna, who came to Chicago to operate on the little Armour child, that a license be procured permitting him to practice in the State of Illinois.

At first sight it would seem a piece of over-officiousness to exact of such a well-known and competent man, having a residence in a foreign country, such requirements, and while it certainly would have been an act of courtesy which the Illinois Board of Medical Registration and Examination would have gladly granted, yet to issue a complimentary permit or allow Prof. Lorenz to practice in the State of Illinois without a permit would have been just as much an infraction of the law as to permit the most ignorant medical pretender to practice within the State without a license. As a matter of fact, if exceptions could be made in the case of Prof. Lorenz, who went to Chicago for the sole purpose of operating on the Armour child, and with the knowledge that he was to receive a fabulous sum therefor, then exceptions could also be made in many other less worthy cases, and much difficulty would be encountered in knowing just where to draw the line. It was a comparatively easy matter for Prof. Lorenz to comply with the legal require-



ments, and the members of the Board of Medical Examination and Registration would have been guilty of dereliction of duty had they overlooked the matter.

A. E. B.

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### TOBACCO AS A CAUSE OF INSANITY AND DEATH.

Dr. I. N. Love, of New York, a medical man of authority and well known by the medical profession throughout the United States, makes the broad assertion that tobacco is the cause of more insanity, suicides and death than alcohol, through the poisoning of the brain by nicotine.

While we are willing to admit that the injurious influence of the excessive use of tobacco is the cause of many of the results mentioned by Dr. Love, yet we question the statement that the use of alcohol in any form is the lesser of the two evils. While Dr. Love may be in possession of late statistics bearing upon the subject, which would alter our opinion, yet we have always believed and still believe that the percentage of tobacco users who die or become demented as a direct result of the use of tobacco is much less than the percentage of alcohol users who meet the same fate, if we take into consideration the increased number of individuals who use tobacco in any form over and above those who use alcohol in any form.

We should like very much to have Dr. Love give us more specific reasons for making the statement that he does, as the subject is a very interesting one and well worthy of consideration by the medical profession.

A. E. B.

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### PROHIBITING DISTRIBUTION OF SAMPLES OF MEDICINE.

The editor of the *Medical and Surgical Monitor* has been advocating the passage of a law in Indiana to suppress the indiscriminate distribution of samples of medicine by proprietary medicine houses, on the ground that the practice is one fraught with great danger to life and health. We believe the movement to secure such a law should receive the encouragement of all right-thinking people, and physicians in particular, who, to a certain extent, are the guardians of public health. In this connection we quote from the *Journal of the American Medical Association* an extract from the laws of Ohio of 1902, of an act which might with propriety be adopted and passed by the Indiana State Legislature.

The Ohio law provides that any person who shall by himself, his servant or agent, or as servant or agent of any other person, leave, throw or deposit on the doorstep or premises owned or occupied by another, or who shall deliver to any child under fourteen years of age, any patent or proprietary medicine, or any preparation, pill, tablet, powder, cosmetic, disinfectant or antiseptic, or any drug or medicine that contains poison, or any ingredient that is deleterious to health, as a sample, or in quantity whatever for the purpose of advertising, shall be deemed guilty of misdemeanor. The terms used in this act shall include all remedies for internal or external use, either in broken packages or bulk, simple, mixed or compounded. Whoever violates the provision of this Act shall be guilty of a misdemeanor, and on conviction shall be fined not exceeding \$100, nor less than \$25, or imprisoned not exceeding 100 nor less than 30 days, or both, for each and every violation." A. E. B.

#### THE WORK OF DR. LORENZ.

Just at the present time the medical men of America are very much interested in the work of Dr. Adolph Lorenz, professor of orthopaedic surgery in the University of Vienna, who was called to Chicago by the well-known Armour family to operate upon little Lolila Armour for congenital dislocation of the hip, a sum said to be \$90,000 having been paid the famous surgeon for the work. The operation performed by Dr. Lorenz is one original with him, and his eminent success is what led to his being asked to come to this country to operate on the Armour child.

Fortunately, Prof. Lorenz is a man interested in the advancement of medical and surgical science throughout the world, and he, therefore, had no hesitation in accepting an invitation to hold numerous clinics at some of the large and well-equipped hospitals in Chicago and other American cities, for the benefit of not only a large number of crippled children who might be brought to him for attention, but a large number of physicians and surgeons who received special invitations to witness the work. Those who were fortunate in seeing the famous surgeon perform his operations were impressed with the operator's skill and dexterity as well as his desire to make every step of the operation plainly understood by those present.

There is not the slightest question of doubt but that the visit



of Prof. Lorenz will result in untold benefit to suffering humanity, for our progressive and skilled surgeons in America will certainly not miss the opportunity of putting into practice the methods and teaching of the great operator, which have been so thoroughly and successfully demonstrated at the American clinics. Mr. Armour can, therefore, rest with the satisfaction that he has not only brought relief to his own child by bringing the famous surgeon to Chicago to operate on her, and relief to a number of other suffering children who were operated on by the famous surgeon without money and without price, but has made it possible for our American surgeons, ever eager and capable of comprehending and adopting new methods, to personally witness and hear explained the Lorenz operation. In the end, thousands of little sufferers will receive the benefits of an operation at the hands of our American surgeons which has been made earlier possible and more frequently used through the personal demonstrations by Prof. Lorenz. A. E. B.

#### DRUG SUBSTITUTION IN FORT WAYNE.

One who reads the current medical periodicals, unless thoroughly understanding the situation, might suppose that the battle waged against substitutors by the editors was largely in the interest of manufacturing pharmacists who desire to encourage specification in an endeavor to not only increase sales of their products but advertise themselves as well.

If anyone doubts for a minute that it is idle talk to say that substitution is a common practice among pharmacists, he will thoroughly convince himself of the error if a prescription calling for special pharmaceutical products is presented to and filled by a dozen druggists as they are met in a city of suitable size to support that many retail pharmaceutical establishments. We venture to say that, as a result of agitation on the subject, substitution is less practiced than formerly, but we are confident that it is still practiced to a much greater extent than commonly supposed.

Quite recently our attention has been called to the fact that substitution is carried on to an alarming extent in the city of Fort Wayne, and such conclusive proofs of this fact have been offered that we feel warranted in warning the physicians of Fort Wayne (to the number of 150 or more) that it is to their interest as well as to the interest of their patients that prescriptions specify not

only in full the pharmaceutical preparations desired, but the name of the manufacturers as well, and that such prescriptions be sent only to such pharmacists as have an unquestioned reputation for carefulness and skill in compounding drugs, and unfailing honesty. It will not do for the physician or patient to accept "something just as good" in lieu of that which has been called for by the prescription. If Fairchild's Essence of Pepsin, Fellows' Hypophosphites, Gude's Peptomangan, P. D. & Co.'s Vaccine, Gray's Tonic, Antikamnia, or any other well-known and time-tested remedy when specified on a prescription is replaced by a substitute, no matter whether such substitute is better or worse, then an injustice has been done to the physician and patient. It is presumed that the prescriber is fully acquainted with the quality and effects of the article prescribed, and to substitute anything else is not only the rankest injustice to the physician and patient, even granting that the same effects will be secured, but is dishonesty on the part of the dispenser. The druggist who will substitute, even in the slightest particular is not worthy of even a moment's trust, and when detected in such practice should be shunned by physicians and patients.

At the present writing we have proof of a charge of substitution against three well-known druggists in the city of Fort Wayne. For the present we withhold publication of the facts, but desire to announce to our medical friends, and the druggists as well, that any other instances in which substitution by a druggist can be clearly and unquestionably proven will receive our attention to the extent that the names of the offenders will be published, together with all of the facts pertaining to the charges. We make this assertion not with a view of intimidating the druggists, but rather with a view to protecting the physicians and public who are the greatest sufferers from the dishonest practice. In addition to this, however, we suggest that medical men not only specify in a clear and unmistakable manner the preparation desired for the patient, but the druggist whose reputation for skill and accuracy in compounding prescriptions is above reproach.

A. E. B.

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#### EVIDENCE OF THE NEED OF A CONTAGIOUS DISEASE HOSPITAL.

It ought not require the prevalence of an epidemic of a contagious disease in a city of 50,000 inhabitants to prove the neces-



sity for a contagious disease hospital, and yet the City Council of Fort Wayne, as at present constituted, will undoubtedly require a sad and expensive experience before a realization of the necessity for such an institution is forced upon them.

Very recently a case which threatened to accomplish the purposes of the city and council health officers, who have long advocated the establishment of a contagious disease hospital, occurred in the city. A case of diphtheria developed in a boarding house, and when the proprietor insisted that the patient be taken from the house in order to avoid the necessary quarantine, with pecuniary losses, it was discovered that there was absolutely no other place in the city where the patient could be properly cared for under quarantine regulations without placing the city to an expense probably equal to that incurred by paying the boarding house keeper damages through pecuniary losses sustained as a result of closing the house and ordering the boarders to seek accommodations elsewhere. The result was that the city authorities concluded to isolate the patient in a separate part of the boarding house, to allow the proprietor to continue business as before, and in the end to settle any damage suits with as little expense as possible.

It is quite evident that the general public will never know just what this experience will cost, for the authorities have a habit of successfully covering up expenditures made in getting the city out of trouble caused by the inefficiency or dishonesty of its officers. We have hoped that some such incident as this would result in a suit against the city for heavy damages, with a resulting judgment that would stand as a positive evidence of the "penny wise and pound foolish" policy of the City Council, if not the criminal negligence in not providing a suitable place for the care and treatment of contagious diseases occurring within the city limits.

We are perfectly satisfied that unless we elect to the City Council men with more intelligence than that possessed by the councilmen who now conduct the affairs of the city (and such an improvement is not at present in the line of probability), that the only way in which we can secure a contagious disease hospital is through the medium of a judgment for heavy damages in some such case that herein mentioned. As the Secretary of the State Board of Health has well said, it is a pity that the health and happiness of the people must depend entirely upon the ignorance and the whims and fancies of a usually corrupt set of politicians. We might also add that it is a

pity that the politicians, even though ignorant, must have their judgment appealed to by money loss rather than by loss of health, comfort or even convenience of the public. Unfortunately, health matters receive but scant consideration under any circumstances, and never, so far as we know, through the medium of boodle, yet in but few instances has legislation for the benefit of the public health been brought about except through a positive demonstration that failure to enact such laws would result in direct expense of money, with criticism on the part of the people and possibly of change of office holders. While almost any thick-headed office holder ought to prove to his satisfaction that anything which tends to improve the condition of public health and sanitation is a saving in money, yet more convincing proof is required by the direct and immediate outlay of money in order to effect a realization for the necessity for action. This being the case a judgment for damages against the city of Fort Wayne, necessitating a direct outlay of several thousand dollars, is about the only thing that will convince the municipal council that a contagious disease hospital is needed, and bring about an appropriation for such an institution. Under the circumstances we welcome the damage suit, and hope with all our hearts that when it does come a judgment of suitable proportions will be rendered. The money spent in paying the judgment will have been well spent if it results in more attention to the recommendations of our health authorities, who are constantly working for not only the health and happiness of our people, but indirectly a positive and demonstrable saving of money.

A. E. B.

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## *NEWS NOTES AND COMMENTS*

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INTERNATIONAL MEDICAL CONGRESS.—The preliminary program for the International Medical College which is to be held at Madrid April 23-30, 1903, is out, and from it we are led to believe the meeting will be a very profitable and pleasant one.

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VACCINATION LAW VALID.—The Supreme Court of New York has decided that the State Law excluding unvaccinated children from schools is constitutional. This decision was based on the



application of a citizen of Queens borough for a mandamus admitting his son to school without having been vaccinated.

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HOSPITALS IN THE UNITED STATES.—There are about 2,500 hospitals and asylums in the United States. These give employment to 65,000 people and pay over \$23,000,000 in salaries. These hospitals have 300,000 beds, are attended by 37,500 physicians and treat over 1,000,000 patients during the year.—*Dietetic and Hygiene Gazette*.

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INDIANA'S LAWS AGAINST GRAVE ROBBERING.—The recent tours of a band of graveyard desecrators in Indiana has brought into prominence the law governing such crime. Briefly, the statutes contain the following:

For disturbing a grave—Three to ten years in State prison.

For removing a corpse—Three to ten years in State prison.

For concealing a stolen corpse—One to three years in State prison.

For buying a stolen corpse—One to three years in State prison.

For failure to produce record of bodies received by medical college—One month to one year in county jail.

For receiving a corpse without record—One to five years in State prison.

For making false entry in record of corpse—One to three years in State prison.

For dissecting corpses of which there is no written record—Two to five years in State prison.—*Med. and Surg. Monitor*.

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HOPE HOSPITAL TRAINING SCHOOL.—The commencement exercises of the Hope Hospital Training School for Nurses were held at the Masonic Temple on Monday evening, Oct. 13th, a class of seven young ladies being graduated with the customary honours. Hon. Samuel M. Foster, president of Hope Hospital Association, delivered the principal address on behalf of the hospital, and Dr. B. VanSweringen delivered the valedictory. Following the exercises a reception was held at the residence of Samuel M. Foster.

The training school is under the management of the Executive Board of Hope Hospital, assisted by the matron of the hospital and principal of the School, Mrs. E. Gertrude Fournier. The faculty consists of thirteen well-known physicians of Fort Wayne, the ma-

majority of whom are also connected with the Fort Wayne College of Medicine in the capacity of teachers.

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PERSONALS—Dr. C. B. Stemen, Fort Wayne, was elected president of the National Association of local preachers of the Methodist church, which held its annual meeting at Philadelphia, on October 13th and 14th.

Dr. Chas. Bock has recently resigned his position as physician to the I. S. F. M. Y., and taken up his residence in California, where he hopes to improve his health as a result of the more favorable climate.

Dr. A. W. Brayton and wife, of Indianapolis, were recently the guests of the editor of the *Journal-Magazine*, and wife for a day. Dr. Brayton is the versatile editor of the *Indiana Medical Journal* and enjoys the friendship and very high esteem of all members of the regular medical profession throughout Indiana. His visit to Fort Wayne was of a purely social nature and a number of his friends in the medical profession took occasion to meet him while here.

Dr. C. E. Barnett, Fort Wayne, recently attended a meeting of the Mississippi Valley Medical Association held in Kansas City October 15th and 16th, and presented a paper before the surgical section.

Drs. W. H. Meyers, Miles F. Porter, E. J. McOscar, H. V. Sweringen, and Geo. L. Greenawalt were in Chicago Oct. 15th and 16th, to witness the operations by the famous Vienna surgeon, Dr. Adolph Lorenz.

Dr. E. P. King, Fort Wayne, is in the East taking post-graduate courses at New York and Philadelphia.

Dr. K. K. Wheelock, Fort Wayne, began his annual vacation the middle of September, and has but recently returned from a visit to various cities in the South and West including St. Louis, Kansas City, New Orleans and points on the Mississippi River.

Dr. Jessie Carrithers Calvin, Fort Wayne, has returned from a protracted visit in California, where she went for her health. She returned very much improved, but soon after arriving home suffered from an attack of pneumonia. We are pleased to announce that she has made a satisfactory recovery and has again resumed her practice.

Dr. C. R. Dancer, Fort Wayne, has been appointed resident



physician at the I. S. F. M. Y., taking the place recently vacated by Dr. Chas. Bock.

The following Indiana physicians were visitors in the city of Fort Wayne during the past month: Drs. C. B. Goodwin, Kendallville; Theo. Wood, Angola; W. Carver, Albion; J. W. Mattox, Berne; J. S. Boyers and S. D. Beavers, Decatur; J. M. Hicks, Huntington; E. H. Botts, Zanesville; F. J. Greisier, Columbia City; J. H. Adams, Harlin; I. O. Buchtel, Auburn; G. N. Lake, Pleasant Lake; J. W. Squires, Churubusco; H. Franz and R. S. Wilson, Berne.

Dr. N. L. Deming, Fort Wayne, spent the last two weeks of October in Eastern cities visiting friends and incidentally giving further study of the subject of X-Ray Therapy.

Dr. G. M. Leslie, Fort Wayne, fully recovered from the effects of his operation for appendicitis, but has recently shown signs of incipient pulmonary tuberculosis and demand for change of climate. Dr. Leslie left at once for Colorado where he went with the hope of benefitting his health and possibly taking up permanent residence.

Dr. E. J. McOscar, Fort Wayne, recently read a paper before the Allen County Medical Society, on "The Use of Saline Solution as a Remedy in the Treatment of Tetanus," and a day or so later experienced some unpleasant notoriety through publication of his picture in the daily papers, together with details of the treatment and announcement that the treatment as advocated was original and new to medical science.

Dr. A. H. McBeth, health officer for the city of Fort Wayne, has reason to lament the fact that he has but little influence with the body of incompetent men known as the Common Council of the City of Fort Wayne. His recommendations for appropriations for the purpose of an ambulance wagon, and the payment of many necessary expenses of the Board of Health, were given slight consideration.

Dr. I. N. Rosenthal, Fort Wayne, has recently submitted to a severe operation for enlargement of the prostate gland. The work was done by Dr. Ferguson, of Chicago, assisted by the son, Dr. Maurice I. Rosenthal, and several other local surgeons. Recovery was uninterrupted and the patient is, at this writing, convalescing.

Dr. J. W. Squires, Churubusco, has recently gone into voluntary bankruptcy with a view to preventing collection of the judg-

ment recently rendered against him for malpractice.

From Dr. H. A. Deumling, who is one of the active promoters of the enterprise, we learn that the efforts to secure funds for the erection of a Lutheran hospital in the city of Fort Wayne have been so successful that the plans are likely to be carried out during the coming year. The hospital is to cost between \$75,000 and \$100,000 and will be modern in every respect.

Dr. Maurice Rosenthal, Fort Wayne, who recently returned from a four months' sojourn in Europe, reports that his large French automobile, purchased in Paris, will be in operation on the streets of Fort Wayne some time during the month of December. The machine is guaranteed to make a speed of from 45 to 50 miles an hour, if desired.

Dr. N. L. Deming, Fort Wayne, sends cards to his professional friends announcing that he is equipped with both the Finsen and Roentgen Ray apparatus, with 30-inch production coil, for the treatment of those diseases in which such appliances are applicable.

Dr. L. H. Dunning, a well known Gynaecologist of Indianapolis, was recently elected president of the American Association of Obstetricians and Gynaecologists at the September meeting held in Washington, D. C. Dr. Dunning is Professor of Diseases of Women in the Medical College of Indiana, and has always stood high in the medical profession of the State. His many friends congratulate him upon the deserved honour.

Dr. Katherine B. Johnson, daughter of Superintendent and Mrs. Alexander Johnson, of the I. S. F. M. Y., Fort Wayne, was married to Dr. Samuel R. Cunningham, of Logansport, Sept. 22nd. Dr. Johnson is a graduate of the Fort Wayne College of Medicine, and for two years has been an interne at the hospital for the Insane at Logansport. Dr. Cunningham was also connected with the same institution, but will on and after November 1st practice medicine in Indianapolis.



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## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Clinical Medicine, in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

LITHEMIC ECZEMA.—Emile Lueller in *Archives de Medicine des Enfants*, says "Eczema in lithemic children is often vesicular, breaking down in twenty-four hours, followed by scaling. It is noted in children with a lithemic family-history, or a history of obesity, migraine, neuroses, asthma, dermatoses, gout, diabetes, etc. Constipation is frequently present." Lueller concludes that redness and vesiculation occur, often with much serum, crusts later, and desquamation. It is a "bradytrophie," characterized by incompletely elaborate products in the excreta, especially uric acid. It is one of the early signs of lithemia and should not be confused with the eczema due to improper feeding. It occurs in older children also. The diagnosis depends upon heredity and the presence of other uricemic symptoms. It is generally dry, itching, appears in successive crops, is rebellious to treatment and associated with other lithemic symptoms. Urine analysis confirms the diagnosis. Its pathogenesis is explained by the acid or oxal-uric derivatives upon the skin. The treatment of this form of eczema consists in a vegetable diet with little nitrogen, rigorous hygiene, fresh air, massage, exercise, etc., alkalies, mineral waters and baths. Locally a mild salve, lotion or dusting powder is used.—*Phil. Med. Jour.*

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TREATMENT OF ACUTE RHEUMATISM WITH HOT AIR.—Skinner recommends in acute rheumatism the use of hot air. If more than one joint is affected simultaneous treatment should be made, if possible, with different apparatus. The treatment should be applied twice a day at a temperature of 400 F., 15 or 20 minutes. Rest, not massage, is indicated. In the choice of salicylates he gives

preference to aspirin, which he gives in doses of four to five grams (about one dram) daily. Next to this he has found salicin of value. Methyl-salicylate is often applied with great advantage locally; gauze is soaked in five to ten grams of the remedy, wrapped around the part and covered with guttapercha dressing. It exercises a local influence and is absorbed through the skin. Skinner asserts there is no logical indication for alkalies and he has never seen any good results from them. Electricity is sometimes of value to control the pain. Regarding diet, he makes the astonishing assertion that if the patient has a good digestion beefsteak and anything may be given to him without fear. (The use of hot air in acute inflammations of the joints is capable of producing harmful or even dangerous results. Apparently the increased circulation in the joint resulting from the heat is capable of carrying the poisons to other portions of the body, and changing what may have been chiefly a local affection into a general one.)—*Amer. Med.*

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DIAGNOSIS OF SKIN DISEASES.—Dyer, in *Medical News*, gives the cardinal points in the diagnosis of skin diseases as follows: (1) The location of the disease. (2) The distribution over the particular region on which it occurs. (3) The arrangement of the component parts or lesions. The lesions themselves must be studied in detail so as to classify the disease. He also gives certain important points in the diagnosis which he says are valuable as guides: (a) Eruptions which are bilaterally symmetrical are either constitutional in origin, or are exposed to the identical local cause on both sides of the body. (b) Parasitic diseases are found on the flexors preferably or on the exposed parts of the body. (c) The more chronic diseases of the skin become, the deeper the color; on the other hand, the brighter and more vivid the color, the more acute the disease. Scales are the evidence of chronicity; likewise ulcers and scars. (d) Fluid lesions seldom itch. Papular eruptions almost always itch. (e) Single ulcers are almost always syphilitic, trophic, traumatic or malignant. Multiple ulcers are tubercular, syphilitic or malignant. (f) On the face ulcers are seldom due to other causes than cancer, syphilis or tuberculosis. (g) The color of eruption on the Caucasian is always important in diagnosis. Syphilis is pigmented brown or buff, as its eruptions fade or disappear. Leprosy is always shaded brown or purple. Lichen ruber



is always violaceous or white. Psoriasis is always pale red covered with white scales. Seborrheic eczema is always yellow red with greasy scales. (h) The odor in skin diseases is important. Syphilis, when ulcerating, smells rancid; favus smells mousy; varicose ulcers smell sweet; neurotic ulcers or those of leprosy are nauseous, foul and intense; rodent ulcer has a smell of rotting meat.—*Phil. Med. Jour.*

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NEURASTHENIC NEURALGIA.—Jendrassik describes a number of cases from his experience at Budapest and warns against intervention in neurasthenic neuralgia. The subjects always exhibit the stigmata of neurasthenia more or less defined; they were "queer children," loved solitude or had unusual interests or none at all, with headaches and insomnia later, temper variable. A hereditary predisposition can be almost always discovered, if nothing else, at least the constant history of headaches on the part of the mother. Frequently the other obsessions have preceded the neuralgia. The constancy of the pain is characteristic, also its springing to other parts of the body, especially to the opposite side. There are none of the objective phenomena which accompany genuine neuralgia. The patients are able to keep their mouth and teeth clean and like to do so when the neuralgia is in the face, while in genuine neuralgia they shrink from the slightest contact with the parts. The description of the pain is also quite different from the boring pain of true neuralgia. Pressure is not painful; it frequently affords relief. The exacerbations usually occur in the morning. The pains frequently appear after some slight trauma or intervention, tooth-pulling, rheumatism or something of the kind. The constancy of the pain causes the obsession of some organic disease, cancer, paralysis or a tumor, and the patients cling to this idea with remarkable tenacity and clamor for an operation. They dislike the idea of a systematic course of treatment in a sanatorium, but are eager for any surgical experiment, and numerous are the instances in which their wishes have been gratified, but always with disastrous results. Jendrassik concludes by asserting that neurasthenic neuralgia belongs to the domain of internal medicine and even energetic local treatment must be avoided in these cases. Success is contingent on the systematic carrying through of an individual course of treatment.—*Jour. A. M. A.*

TREATMENT OF EXOPHTHALMIC GOITRE WITH ANTITHYRE-  
CIDIN.—Schults (*Munchener medicinische Wochenschrift*, 1902,  
xlix, 834) says: Bearing in mind the probability that the symptoms  
of Graves' disease depend upon the excessive secretion of the thy-  
roid gland, it occurred to Ballet and Enriquez that favorable results  
might be obtained by the introduction into the organism of such  
patients of the blood serum of animals from which the thyroid had  
been removed. They conceived it possible that such serum might  
contain an excess of poisonous substances normally neutralized by  
the thyroid secretion; that by the administration of such substances  
the harmful action of the excessive product of the thyroid gland  
might be neutralized. The use of the blood of patients with  
myxoedema was suggested by Burghardt, while Lanz suggested the  
use of goats upon which thyroidectomy had been performed. Moe-  
bius had used with success a preparation made by Merck, from the  
serum of sheep from which the thyroid had been removed. The  
author, shortly after Merck's remarks before the Society of Mid-  
German Psychiatrists and Neurologists, met with a typical case of  
Graves' disease with characteristic manifestations and serious mental  
symptoms. This patient was treated with rest and anti-thyreoidin  
in doses of from 0.5 to 4.5 grammes (gr. vilss-lxvij) three times  
a day. Forty-nine days after the beginning of treatment the patient  
was discharged from the hospital almost entirely well. The ment-  
al symptoms and the tumor had entirely disappeared and the goitre  
diminished materially in size. No unpleasant results were noticed  
from the treatment. In the same journal, Goebel (*Munchener  
medicinische Wochenschrift*, 1902, xlix, 835) reports a case in which  
favorable results were apparently obtained by the use of milk from a  
thyroidectomized goat.—*Amer. Jour. Med. Sciences.*

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

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INTESTINAL OBSTRUCTION BY UTERINE FIBROIDS.—Operation  
for intestinal obstruction caused by uterine fibroids is rarely required.



G. Chavannaz (Rev. ens. de Gyn., Obst. et Ped. de Bordeaux) has met with two cases in which were symptoms of an acute intestinal obstruction caused by compression of the small intestine by a pedunculated uterine fibroma. Death occurred during the operation from asphyxia due to inhalation of fecal vomitus. In the second case there were symptoms of chronic obstruction, which became so marked as to require operation. The intestinal compression was caused by a fibroid, no larger than an egg, situated upon the posterior surface of the uterus. On account of extreme intestinal distension the formation of an artificial anus was the only procedure adopted. Recovery followed.—*Med. Progress*, Oct., 1902.

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HYDROPHOBIA FROM BITE OF WEAZEL. A man in Patterson, N. J., died from hydrophobia, due to the bite of a weazle. He was bitten August 21st, and died on September 4th.

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X-RAY AS A THERAPEUTIC AGENT—Dr. William M. Heeve, of Brooklyn, N. Y., concludes a paper on the above subject (*Therapeutic Gazette*, Oct., 1902) as follows:

"The most astonishing feature about the x-ray is that it possesses powerful analgesic properties, immediately relieving pain in cancers and ulcerations, even if extensive ulcerations have taken place.

The distance between the tube and the patient should never be less than five inches nor more than twelve inches. The rule as laid down by the writer is as follows:

Sarcomas, six inches.

Epitheliomas, seven to nine inches.

Lupus, six to eight inches.

Ulcerations, tubercular, eight inches; varicose, eight to ten inches.

Skin diseases (eczema, etc.), eight to twelve inches.

With some patients, especially blondes, reaction occurs with depressing symptoms, as shock and fall of temperature. If such shock should occur, stimulants, as nitro-glycerin or nitrite of amyl—and a course of tonics, are demanded, and further treatment should be postponed until the patient's general condition is attended to.

In closing, I wish to emphasize the fact that in the treatment of sarcomata and carcinomata we must use a high-vacuum tube running the static with the greatest number of revolutions possible.

## CHLORIDE OF CALCIUM FOR BLEEDING FROM THE UTERUS.

Lafond Grellity and G. Gross (*La Sena Med.* 1902. Nov. 22) have both had excellent results in bleeding from the uterus by the use of calcium chloride. It is given in form of a douche once daily in proportion of five parts of calcium chloride to 100 of water. At the same time it is given internally, a teaspoonful of a solution of one part of chloride of calcium to thirty of water, every two hours. The treatment may be continued for a long time if the kidneys are in good condition.

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THE EARLY DIAGNOSIS OF UTERINE CANCER; OPERATIVE LIMITATIONS—J. O. Polak, *N. Y. Med. Jour.* says:

1. The early diagnosis is possible.
2. The earliest symptoms differ, depending upon whether the disease begins during the menstrual life or after the menopause.
3. During the menstrual life compare every bleeding with what it has been in the same woman. Be suspicious of intermenstrual spotting and serious discharge.
4. After the menopause, any serious or sanguineous discharge is significant.
5. Examine every woman over thirty who may exhibit any menstrual vagary or persiste

Finally. Limit radical operations to those cases in which the disease is confined to the uterine tissues.—*New Albany Med. Herald.*

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THE KING'S CASE, by Joseph Price, M. D., of Philadelphia.—His Majesty's illness has been typical of an exceedingly common and neglected disease. The delay in his case is a most beautiful demonstration of what the active clinicians have so fully dwelt upon. The procrastinations of professors of the theory and practice of medicine and surgery, no less than of conspicuous teachers and authors, figure largely in the incomprehensible delay in His Majesty's case. The acute symptoms, or the perforation, in all probability occurred on the 15th. The King should have been treated on that day as the fire department would have treated a fire at the royal palace. No one should ever die of appendicitis, and it is folly to consider varieties or longer to use the old nomenclature. Excessive medication of any kind is harmful and antiphlogistic treatment of any kind worthless. Delays result in perforations, pus accumulation or multiple



pus accumulations, invasion of the right kidney, pelvic suppurations or a general peritonitis and resultant inflammation products. The symptoms are commonly so prominent and so few that the most careless man practising medicine ought to recognize them in the first hour. When a child, a poor little sufferer, will sometimes entreat its parents not to permit the approaching attendant to put his hand on the seat of pain, it seems strange that the diagnosis is not always made at once. The set muscle on the right, the pain and tenderness on the right are so characteristic that we can open the abdomen without an examination, simply reviewing a typical case, the sufferer making the diagnosis in our presence. I have never known any one to err in a typical case. His Majesty, like other prominent citizens, traveling over Europe and the Continent for health, carried a puddle of pus in his right iliac fossa for some days. I have known a good number of prominent citizens, and good physicians, to travel about attending to their business and profession with a puddle of pus and an advancing peritonitis. There is nothing extraordinary or new in His Majesty's case. I always feel sorry for a sufferer when I hear he has fallen into the hands of a conservative teacher. From report, Lord Lister says, "The doctors for weeks past have simply been trying to patch him up for the coronation, but to no avail." How that sentence must make many a man's heart ache who knows and understands what they were trying to do, with what they were dealing. That a man ill as His Majesty should be allowed to hold a State dinner is pitiful in the extreme, as there must have been some sign, some symptom at that time which gave evidence of where and what the trouble was.

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

COCAINE IN CORNEAL DISEASES.—In a discussion of the treatment of detachment of corneal epithelium, Mr. McGillivray (Dundee), at a meeting of the British Medical Association, said that the

prevailing opinion regarding the harmful effects of cocaine in corneal diseases is generally correct, but applies to the use of aqueous solutions which promote dessication and degeneration of corneal tissue. In detachment of corneal epithelium attended with marked pain he has no hesitancy in prescribing cocaine in ointment, as in such form drying does not take place and the epithelium remains uninjured.

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UVEITIS.—This was an interesting subject for a symposium of papers presented at the Saratoga meeting of the American Medical Association. Properly speaking, the term uveitis should be applied to an inflammation of any portion of the uveal tract which embraces the iris, ciliary body, and choroid. It is a recognized fact, however, that in a large proportion of cases the inflammation produces its most destructive influence in the choroid and retina. While in many cases the inflammatory and degenerative changes in the fundus are readily recognized by means of the ophthalmoscope, yet in not a few cases the beginning changes in the choroid, while if very carefully looked for may be discovered, yet are so inconspicuous as to escape hasty inspection of the fundus and may be missed entirely if cloudiness of the media prevent satisfactory ophthalmoscopic examination.

A point of much importance in the diagnosis is the appearance of posterior descemetitis or the so-called punctate keratitis, which is almost invariably present in inflammations of the uveal tract when complicated by choroidal lesions. Even this symptom may be overlooked if the examination has not been conducted in a proper manner, the cornea being carefully inspected by the use of a suitable loup. Effective treatment is generally eliminative treatment consisting of pilocarpine sweats, supplemented by the administration of large doses of potassium iodide. Cases known to be specific in nature, as well as some not specific, are benefitted by mercurial treatment, preferably in the form of an inunction. Sub-conjunctival injections of normal salt solution and various mercurial solutions have not in the hands of most authorities proved of signal value, though occasionally a strikingly favorable result from this form of treatment is reported by a competent and reliable observer.

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TECHNIQUE OF THE SWEAT BATH.—Dr. T. A. Woodruff, *Jour. A. M. A.*, Oct. 4th,) says that many lesions of the choroid and ciliary



body are in their nature irreparable, but a large majority of them are capable of some improvement. No treatment in his estimation gives as good results as the judicious use of the hypodermic injection of pilocarpine hydro-chlorate in doses of one-eighth to one-quarter of a grain in conjunction with the sweat bath and the internal administration of potassium iodide. The iodide should be given in increasing doses in a large quantity of water until toxic symptoms appear. Although pilocarpine is by no means a new remedy, yet sufficient emphasis has not been placed upon its extreme value in certain deep lesions of the eye. Especially is this true in acute and chronic choroiditis, hyalitis, and opacities in the vitreous. The manner of giving the sweat bath and injections of pilocarpine are described by Dr. Woodruff as follows:

“As the hypodermics and baths should be given when the stomach is empty, there being less danger from the untoward effects of pilocarpine at that time, they are best administered the first thing in the morning. The patient should be in bed and wrapped up to the neck in a blanket and again covered with at least four blankets. Under the latter half a dozen quart bottles containing boiling hot water should be placed. The hypodermic injection of **pilocarpine** hydro-chlorate, beginning with one-eighth of a grain, should now be given, at the same time have the patient drink at least half a pint of hot water, weak lemonade or tea. In a few minutes the patient should begin to break out into a profuse perspiration, which should continue for at least two hours, only stopping short of that time if he shows any bad symptoms. At the end of sweat he should be thoroughly dried and the skin rubbed with alcohol and then allowed to rest the remainder of the day. This treatment should be continued at least every other day until twelve such baths are taken. At an interval of two or three weeks a similar course of treatment should be repeated, and then continued at various intervals as long as any improvement takes place.”

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PREVENTABLE BLINDNESS.—About twenty years have passed since Crede showed that gonorrheal conjunctivitis of the new-born, the scourge of maternity hospitals and the cause of so much blindness, can be positively prevented. Every text-book on the eye has since that time described Crede's method and preached its necessity. Every text-book of obstetrics has contrasted the state of affairs be-

fore and since the introduction of "Crede" in lying-in institutions, and yet how little is this simple and efficient prophylactic used outside of hospitals.

Some years ago Cohn learned by means of statistic correspondence with all physicians in Breslau, that in that city two per cent. of all children born in private practice were still allowed to contract the disease and risk blindness. The same oculist, so well known for his statistic researches, has recently shown that in institutions for the blind in Germany twenty per cent. of the inmates still owe their blindness to the neglect of the obstetrician. This percentage contrasted with twenty-eight per cent. of twenty-five years ago shows but a very small progress in preventive medicine in actual practice.

Yet Crede's method has been almost universally employed in hospitals and no voice has ever been raised against its efficiency. Many series of thousands of cases have been published by different authors and all agree that even with ten per cent. or more of demonstrable gonorrhea in the mothers the offspring are absolutely protected by the faithful employment of nitrate of silver installations. It has been urged, however, that Crede's method may cause an unpleasant, even an inflammatory, though not dangerous reaction of the conjunctiva. It was especially Cramer who recently again described undue conjunctival irritation following the use of nitrate of silver in babes.

In an able article written in a tone of conviction, these objections to Crede are refuted by Leopold. He shows by quotations from Cramer that the latter did not use Crede's method with the simplicity and gentleness recommended by Crede himself. Crede's original directions were to open the eyes immediately after the bath, and to allow a single drop of a two per cent. solution of nitrate of silver to descend from a glass rod on the cornea by contact. No other manipulation of any kind was to follow. By carrying out these directions literally no unpleasant reaction was seen by Leopold and his assistants in some 30,000 instances. The efficiency of the method is illustrated by the records of the year 1898. Among 2,146 births there were three instances of conjunctivitis and all three could be traced to inefficient applications of Crede's method by some untrained pupils during a rush of obstetric work. A later secondary infection, can, of course, not be prevented by the use of Crede's installation at birth which counteracts merely the infection at the



time. In a final note, Leopold adds that he has used a one per cent. solution of nitrate of silver on the last series of 698 children without provoking even the slightest irritation and with absolute prevention of primary infection of the eyes.

Most physicians realize today that in every instance in which the obstetrician can not be sure of the absence of gonorrheal infection (and how often can he be?) the slight trouble of using Crede's method is repaid by the certainty of avoiding blindness. But unfortunately, there are some who will not profit by the experience of others and who will have to see personally the havoc done by conjunctivitis neonatorum before they will take the pains to guard against it.—Editorial, *Jour. Am. Med. Assoc.*

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WIFE LIABLE FOR MEDICAL ATTENDANCE ON THE HUSBAND.—The supreme court of Nebraska holds, in the case of Leake vs. Lucas, that when the husband is actually a part of the family, living with it as such, and is temporarily helpless and incapacitated by illness, his maintenance and support, including necessary medical attendance, come fairly within the rule of the statute of that state which makes the wife liable as surety for necessities furnished the family. In commenting on the case, it was clearly stated that there was no intention of establishing a rule of law by which the court should be conclusively bound in such cases hereafter, for every decision on such question must necessarily be largely governed by the facts existing in the particular case in which it is rendered, but that it would seem that the medical attendance necessary to cure the husband of the wife sued of his illness, and thus place him in a position to labor and support the family, herself included, was a necessary furnished for its benefit.

## BOOK REVIEWS.

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PROGRESSIVE MEDICINE, Vol. III, Sept., 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Armory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 421 pages, 26 illustrations. Per volume, \$2.50, by express prepaid to address. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

The present number of this serial publication is fully up to the standard of its predecessors which is high placed. It deals with Diseases of the Thorax by Dr. W. Ewart; Dermatology and Syphilis by Dr. Spiller; Obstetrics by Dr. Richard C. Norris. An excellent resume of the recent advances in this difficult department of medicine will be found in its pages. The reputation of the compilers in each department is a sufficient guarantee of the quality of the work.

G. W. M.

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PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, of Philadelphia; Physician to the Jefferson Medical College Hospital, etc., assisted by H. R. M. Landis, M. D., Assistant Physician of the Out-Patient Medical Department of the Jefferson College Hospital. Volume III. September, 1902. Diseases of the Thorax and its viscera, including the Heart and Lungs, and Bloodvessels—Dermatology and Syphilis—Diseases of the Nervous System—Obstetrics. Lea Brothers & Co., Philadelphia and New York. 1902.

The September issue of *Progressive Medicine* is fully up to the standard of its predecessors and contains valuable articles on diseases of the thorax, dermatology and syphilis, nervous system,



and obsteterics. In each of these departments, practitioners will find a resume of the latest and best literature on these subjects.\*

The mechanical execution of these volumes is kept up to a very high standard, and they furnish very pleasing additions to the shelves of a physician's library, and their very moderate price places them within the reach of every one.

G. W. M.

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THE MEDICO-LEGAL BULLETIN.—We have just received the first copy of the *Medico-Legal Bulletin*, a monthly publication issued by the Physicians' Defense Company of Fort Wayne, Ind. In the opening announcement the editors say that the *Bulletin* owes its inception to the numerous requests of medical practitioners for reliable and accessible information relative to the laws governing the practice of medicine, the relation of the physician to the public and the State and his rights, duties and liabilities under those laws. It is announced that the *Bulletin* is the first and only journal in the world devoted strictly to the interests of the medical profession from a legal standpoint. Its pages will contain articles and reports of all leading judicial decisions and legislative actions affecting the practice of medicine. In a series of original articles an attempt will be made to classify and analyze the laws governing the practice of medicine and defining the physician's liability to State and patient.

The initial number is a neat and attractive periodical with many interesting items containing information along the lines suggested in the editorial announcement. Incidentally the readers are given full information regarding the Physicians' Defense Company which guarantees for a stipulated sum to defend its policy holders in suits for alleged malpractice. The *Bulletin*, however, is published in the interests of the medical profession from a medico-legal standpoint, and will occupy a deserving place among the periodicals regularly read by the progressive medical man.

A. E. B.

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THE DISEASES OF INFANCY AND CHILDHOOD, for the use of Students and Practitioners of Medicine, by L. Emmett Holt, M. D., LL. D., Professor of Diseases of Children in the College of Physicians and Surgeons, (Columbia University), New York; Attending Physician to the Babies' and Foundling Hospitals, New York. With two hundred and twenty-five illustrations

including nine colored plates. Second edition revised and enlarged. New York. D. Appleton & Company. 1902.

The pathology and therapeutics of the diseases of infancy and childhood are sufficiently distinctive to require special and independent consideration, and the list of books devoted to this subject is now quite large. The present volume, which is the second edition of the above named work, is from every point of view one of the very best with which I am acquainted. The general practitioner will seldom look in vain for the special information which he needs in this department of medicine.

Prophylaxis finds in pediatrics one of the very richest fields for cultivation, and its possibilities in the preservation of health and life are tremendous. It is clearly the duty of every general practitioner to become conversant with the very latest aspects of the subject, and this admirable work furnishes the latest word in regard to the various questions with which it deals. The volume should find a place on the shelves of every progressive physician.

G. W. M.



# FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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## *ORIGINAL ARTICLES.*

No paper published or to be published elsewhere as original will be accepted in this department.

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### SOME THERAPEUTIC USES OF CARBOLIC ACID.

By J. S. BOYERS, B. A., M. D.,  
Decatur, Indiana.

No doubt a majority of the members of this association have been using carbolic acid to advantage along certain lines in the general practice of medicine and surgery, but I am satisfied that in skillful hands it is entitled to a much wider field of usefulness than is generally accorded it. Prior to 1900 I had used carbolic acid in the main, "with fear and trembling," and as directed by our medical text books; but at that time Dr. Seneca D. Powell, of New York City, called my attention to the various uses to which he applied it in his surgical clinics and in his private wards in the Post-Graduate hospital, and since then I have cautiously extended its uses in general practice with very gratifying results.

Very few of our medical text books give alcohol as the antidote for carbolic acid, but, after nearly twenty years of experimentation, Dr. Powell has proven beyond a doubt that three or more parts of pure grain alcohol is a safe and sure antidote to one part of pure carbolic acid applied externally or given internally. In August, 1893, Dr. Powell, in the presence of eight or ten physicians at New London, Conn., made his first public demonstration of this fact by

Read before the Allen County Medical Society, April 23rd, 1901, and Referred to the State Medical Society.

the application of ninety-five per cent solution of carbolic acid to a suppurating wound, followed by an application of alcohol to neutralize the effect.

Since alcohol speedily stops the depth of the cauterization of carbolic acid it becomes a very useful agent in the treatment of all forms of microbic infection. Most of you are aware that the hands can be washed in pure carbolic acid, if they are at once rinsed in pure alcohol, and no evil effects follow. Current literature has reported more than one instance where carbolic acid has been taken in whiskey with suicidal intent and the individual failed to die, the recovery doubtless being due to the alcohol in the whiskey neutralizing the effect of the carbolic acid.

The Fort Wayne Medical Journal-Magazine of February, 1902, reports the case of Dr. A. C. McDonald, of Warsaw, Indiana, bearing date of January 5th, 1902, in which Miss L.—— swallowed over one ounce of carbolic acid with suicidal intent. Dr. McDonald says: "I arrived at the house about twenty-five minutes later and found her in deep coma, and apparently approaching collapse. I immediately passed a tube into the stomach and injected a half pint of alcohol, which I allowed to remain there while I prepared and injected hypodermically 1-20 grain of strychnine. The alcohol was then pumped out of the stomach and the same operation repeated, twice in succession. This was followed by repeated flushings with warm water, after which I injected four ounces of whiskey and allowed it to remain, the tube being removed. Though the pulse was slightly perceptible, the patient seemed in extremis. Respirations were labored and stertorous; extremities cold and body moist. Nitroglycerine gr. 1-100 was given hypodermically. It was now 9 p. m. At 9:15 pulse seemed slightly improved and I repeated the strychnine. At 9:30 pulse could be counted at the wrist. Hypodermics of brandy were now given every ten minutes and continued till midnight, with several hypodermics of nitroglycerine. At this time pulse was much improved and respiration deep and regular, but the coma continued until 1:30 a. m., when she began to be sensitive to pain, and at 2 a. m. was slightly conscious. She continued to improve from this time and on the following day seemed perfectly well with the exception of a severe pharyngitis. She expressed herself as being utterly disgusted on not being allowed to die. The above case seems worthy of record from the fact that the time hon-



ored antidote of a soluble alkaline sulphate was not used in the case, and alcohol would appear to be capable of overcoming the toxic action of carbolic acid when taken internally as well as capable of neutralizing the local destructive action when employed in surgical work."

Dr. Powell has treated seven or eight cases similar to Dr. McDonald's case, using alcohol as the antidote to the carbolic acid, and reports five or six recoveries.

In the Practical Medical Series on General Surgery, by Dr. J. B. Murphy, 1901, page 81, I find that "Taylor calls attention to the Baccelli method of treating tetanus by hypodermic injections of carbolic acid. Ten minims of a ten per cent solution are given hypodermically at intervals of from fifteen to thirty minutes. The tolerance of the system for carbolic acid in this disease is said to be remarkable."

The same author on the 84th page of the same volume, under the treatment of anthrax says: "Scharnowski reports twenty-eight cases (of anthrax) treated by hypodermics of carbolic acid in 0.7 gram doses daily without toxic effect. All cases recovered."

Dabney decided that carbolic acid, on account of both its local and systemic action, offered the best hope of recovery in anthrax. "He first saw a case after a wakeful night, caused by the burning and itching. A hypodermic of carbolic acid was emphatically declined. The patient desired only a salve of some sort, which was given, with a warning as to the dangers of delay. The next morning the patient was almost in a state of collapse; temperature was 103.5, pulse 120. The pustule had now become a gangrenous, mushy mass. The needle of a hypodermic syringe, filled with carbolic acid, was plunged into its center, and ten minims were slowly injected. Then the needle was withdrawn, and two drops injected into five different points of the indurated base. In the evening the cavity was swabbed out with pure carbolic acid. This treatment was continued until the entire mass was sloughed off. On the second morning after the injection, the patient considered himself well, barring a sore lip."

I cared for two patients recently, each of whom had a very severely infected hand accompanied by extensive lymphangitis. The infection took place while handling sheep, and in many particulars resembled anthrax. Each was treated by free incisions at point

of invasion, and the wound mopped out and the whole hand and inflamed surface of the arm painted with pure carbolic acid and bandaged tightly up to the shoulder and the bandage kept wet with a one to two per cent solution of carbolic acid. Each was also given internally one to two drops of carbolic acid in a menstrum every two to four hours. Very gratifying results followed.

Erysipelas is not only speedily checked, but cured by the application of carbolic acid over the whole inflamed surface and one-half inch beyond the line of demarcation, followed by pure grain alcohol as soon as the surface begins to bite or turn white. This treatment should be repeated every second or third day if necessary, but usually two treatments or three at most cure the case. In the meantime cloths or packs soaked in a one-half of one per cent to two per cent solution of carbolic acid can be kept over the diseased parts.

Three children between the ages of eighteen and thirty months were one day brought into the clinics at the Post-Graduate Hospital, each having a severe attack of erysipelas extending over a part of the face, head and neck. They were treated by the application of pure carbolic acid, as described above, two of them receiving two treatments and the other three treatments, one or two days intervening between the applications. All were cured in three to five days instead of being dead as I predicted at the time.

Ivy poisoning can be cured in from twelve to twenty-four hours by applying to the poisoned parts a solution of carbolic acid in water in the proportion of one dram to the ounce, followed by alcohol if necessary, and the surface kept wet with a two per cent solution of carbolic acid.

I have seen the abdominal cavity packed with gauze saturated with a one per cent and two per cent solution of carbolic acid after an operation for appendicitis with fetid abscess, and left remaining one, two or three days, as desired, and recovery following in an unusually short time.

Carbuncles yield most satisfactorily, after being freely opened and drained and all cavities mopped out with pure carbolic acid followed by alcohol, if desired, and kept wet with a two to five per cent solution of carbolic acid applied on a compress. If the carbuncle is large and the symptoms grave, recovery is hastened by injecting hypodermically one or two drops of carbolic acid at each



place where the swelling is greatest, or at different points around the carbuncle.

Old varicose ulcers yield readily to the carbolic treatment, but all pyogenic membrane or redundant tissue that may exist must be rubbed off by friction before the carbolic acid is applied, and after this application the limb should be bandaged tightly and kept moist with a one per cent to two per cent solution of carbolic acid.

Lymphangitis yields readily to the carbolic acid treatment. I can illustrate best by giving a case.

Mr. S—, aged fifty years, an engineer on a switch engine in one of the Chicago railway yards, in May, 1901, by accident had a small piece of skin knocked off his right index finger. It soon became infected, producing high fever, rapid pulse, much swelling, pain, and red streaks following the chain of glands to the shoulders. He was attended by a physician four weeks and a surgeon two weeks—both doctors being of very high repute in the profession, but his condition vacillated from a little worse to a little better until he came to me. I opened up the pus cavities by free incisions, mopped them out and painted over the whole surface of the limb involved with pure carbolic acid, following only the surface painting with alcohol. He was at once free from pain and began to convalesce, and in a very short time—ten days, was at his work again.

I saw quite a number of patients thus affected who gave a history of having been treated from a few weeks to three months by very good surgeons in New York City, and suffered severe pain all the time, made comfortable and cured in one to three weeks by the carbolic acid treatment at the hands of Dr. Powell and his assistants.

It is a fact that all cavities or wounds discharging pus are infected with one or more kinds of germs, and that mammary, psoas, and pelvic abscesses; abscesses of joints and bones, felons or whitlows, ischio-rectal, gonorrhoeas and many other kinds of infection tubercular, syphilitic or not can most all be cured speedily by this treatment.

While my experience with the application of pure carbolic acid to the surface of scalds and burns is limited, yet Dr. M. F. Porter, of Fort Wayne, Ind., tells me he has painted the whole surface of burned areas—no difference where located or how extensive, with pure carbolic acid, not followed by alcohol, with the most happy results and no absorption take place into the system.

Flatulent colic, ulceration of the stomach, influenza and some cases of tuberculosis improve nicely under the administration of carbolic acid given in increasing doses from one to four or five grains, repeated as indicated every four to eight hours.

While I have not seen a case of gangrene produced by carbolic acid, yet after a careful examination of the literature upon the subject, I am fairly well satisfied that but few of the cases reported were wholly due to carbolic acid, and that a great per cent of them were due to improper bandaging and trauma.

The question arises in gangrene whether or not we have an idioyncrasy for the carbolic acid itself, whether it is in its purity, idiosyncrasy for the carbolic acid itself, whether it is in its purity, the injury itself,—nerve crushing, etc.

I would like to emphasize the necessity of free and complete drainage being made from all pus cavities, as well as the removal of all pyogenic membrane to insure the best results in this treatment.

As to the best brands of carbolic acid to be employed, I have used only Merck's Pure Carbolic Acid, though some prefer other brands. Dr. Powell uses that made by Calvert, of England, and known as Calvert's No. 1.

The following are a few of the combinations made with carbolic acid for various applications aside from the pure carbolic acid, and can be changed as adapted to the case:

R—Acidi Carbolic 1-2 dram; Aquae q. s. ad. 1 ounce. M.

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R—Acidi Carbolic, 1 dram; Aquae, q. s. ad. 1 ounce. M.

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R—Acidi Carbolic 1 to 2 parts; Camphor Gum 1 to 2 parts, as desired, but no water must be added.

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R—Acidi Carbolic gtt. XV., to XXX; Aquae 1 pint. M. sig. Wet dressing.

---

R—Acidi Carbolic, 1 to 2 parts; Glycerine, 2 to 3 parts. M.

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R—Camphorated Phenol, 1 part; pure Olive Oil, 2 parts. M. Must not add water or glycerine to the mixture.



Summary—1st. "95 per cent carbolic acid will kill all forms of microbic infection."

2nd.—The antidote of carbolic acid is pure grain alcohol.

3rd—Carbolic acid is a safe remedy in skilful hands.

4th—Carbolic acid is the nearest a specific in the treatment of erysipelas of any drug known.

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## CRYOSCOPY OF THE URINE.

G. W. McCASKEY, A. M., M. D.  
Fort Wayne, Ind.

Notwithstanding the rapid advancement in diagnosis in the domain of internal medicine during recent years, every clinician of large experience is frequently meeting cases in which, the adequacy of renal function is an exceedingly difficult factor to determine. Its importance from many points of view is obvious. Its bearing on the prognosis of many cases is great—even decisive. We often have reasons to conclude, in a given case, that well directed therapeutic measures will be crowned with success, if kidney function is intact, but that, if this is not so a cure is either doubtful or impossible. Again the advisability, or even the justifiableness of a surgical operation, may hinge on the same question.

Now it is notoriously true that a perfunctory examination of urine with test tubes and microscope is quite unreliable, although it should be added, will be correct in a large majority of cases. On the one hand the absence of albumen and casts do not exclude serious and irreparable impairment of renal function; nor on the other hand is such a pathological condition proved by the presence of albumen and casts.

The freezing point of the urine, determined to the hundredths of a degree centigrade, is an important additional method for determining the functional activity of the kidneys. The method is necessarily somewhat technical in character, although the essential clinical aspects can be presented with much less mathematics and symbolism than has been contained in most of the communications heretofore presented. The capital Greek letter delta is used as a symbol to denote the freezing point of urine; the small Greek delta is used to indicate the freezing point of all the constituents of the urine except

the chlorides by some writers, and by others the freezing point of the blood. My purpose in this communication is to present in the simplest and most untechnical manner possible a plain statement of the principles and facts involved.

Its intelligent comprehension presupposes some knowledge of the chemico-physical principles which underlie it. The freezing point of any fluid depends upon the number of molecules which it has in solution. The more molecules there are the lower will be its freezing point. This depends upon a fixed law which has been fully worked out. This law is that for every gram mol of any substance contained in each litre of fluid the freezing point will be lowered  $1.89^{\circ}$  C. By a gram mol is meant the number of grams represented by the molecular weight of the chemical compound under consideration.

The method therefore becomes a test of the molecular work done by the kidneys, and with the single exception of chloride of sodium, this molecular work is practically all the expression of tissue metabolism. It becomes necessary, therefore, in determining the real functional work of the kidneys in the elimination of metabolic products, to estimate the chlorides quantitatively and deduct from the total freezing point that part of it which is represented by the sodium chloride, and which is easily calculated according to the principles already stated. A one per cent. solution of NaCl has a freezing point of  $-613$  degrees C., and after estimating the chlorides by titration with a standardized silver solution, the percentage is multiplied by  $.613$ , which gives the amount of depression of the chlorides. For instance, if the freezing point of the urine was  $2.12$  degrees below zero, and the urine contains  $1.2$  per cent of chlorides we would multiply  $1.2$  by  $.613$ , which would give  $.735$ , and subtracting this from  $2.5$  would leave  $1.765$ , which represents the number of degrees centigrade below the freezing point of water at which the urine would freeze if the chlorides were eliminated. Now it is substantially true that chloride of sodium is the only solid urinary constituent which passes through the body unchanged. With few and unimportant exceptions, all other urinary constituents represent metabolic processes, and the comprehensive indication of all of these molecules which cryoscopy gives at a single stroke in a way which nothing else can, represents the genuine molecular work of the kidneys as an eliminant of metabolic products.



The expression of the results of cryoscopy is purely arbitrary and is compared with figures empirically obtained from normal individuals. No cryoscopic examination of a single specimen of urine is entitled to any consideration. It only becomes important when considered with reference to the total amount of urine passed in a stated time, usually twenty-four hours, and also in relation to the weight of the individual. This is obtained by taking the freezing point as expressed in degrees below zero, multiplying it by the number of cubic centimetres in twenty-four hours, multiplying this by 100 and dividing by the weight of the person in kilograms. We thus obtain an empirical standard in health for the comparison of cryoscopic observations made in various morbid states. According to Claude and Balthazard, the normal range of this factor is 2500 to 4000. Soliman considers this calculation in relation to weight as superfluous, but it appears to me that if the cryoscopic study of the urine is to have any value at all, it must be considered with reference to both the total quantity for a stated time and the body weight, and that is what this calculation means.

Another method of expressing the results of cryoscopy is to divide the freezing point of urine expressed in degrees C. by the amount of chlorine expressed in parts per hundredths. This factor is stated by Koranyi to vary between .9 and 2 1-3. It is perfectly obvious that this ratio must vary with the amount of NaCl contained in the diet. This is usually ten grams per diem. Unless the quantity of NaCl ingestion can be pretty accurately determined, the total excretion by the kidneys as expressed arbitrarily by the molecules per kilogram of body weight, appears to me to be the most practical, but the relations of chlorides to other solids is undoubtedly important, if determined under proper conditions.

Concerning the technique of cryoscopy, it should be stated that it requires considerable care and some practical acquaintance with laboratory methods. The most important part of the apparatus is a Centigrade thermometer graduated in hundredths or thousandths of degrees. These thermometers are rather expensive, costing about \$25.00, as they have to be imported from Germany. The urine or other fluid to be examined is placed in a test tube with a perforated cork into which the thermometer fits, the bulb projecting into the fluid below. This is placed inside of another larger test tube which is either empty, that is, containing only air, or filled with alcohol, and

both of these test tubes thus arranged are immersed in a freezing mixture of chopped ice and salt contained in a suitable receptacle. The mercury in the thermometer rapidly falls as heat is abstracted, and reaches the zero point which is, of course, the freezing point of distilled water, and passes several degrees below it. During this time the fluid must be constantly stirred by some device passing through a second perforation in the cork which contains the thermometer. Congealation of the fluid occurs instantaneously, and at the same moment the column of mercury in the thermometer rapidly shoots up with diminishing speed until it finally remains stationary, and the reading at this point, which must be taken with great pains preferably with a magnifying glass, is the correct freezing point of the fluid under examination.

In Beckman's apparatus, which I have and which is said to be the best in the market, the freezing point is variable and is arbitrarily determined from time to time by freezing distilled water which represents the absolute zero point, or a one per cent solution of NaCl, which would be  $-0.613$  degrees C. The scale extends over four degrees C. and is divided into hundredths of degrees, but each hundredth is long enough so that with the use of a lens it can be easily read to thousandths of a degree with an error of probably not more than one thousandth. There is a reservoir of mercury at the upper end of the thermometer tube and if the zero point is too high a little mercury can be detached from the column by proper manipulation into the reservoir. If it is too low, a little can be taken from the reservoir into the fine calibre of the tube.

At first, all sorts of diversified results were obtained in my own laboratory, and the errors were gradually cornered and eliminated until substantially constant results were obtained. Among other things, the thermometer bulb, inner test tube and stirring apparatus must be absolutely clean and dry, being washed with distilled water. Any crystallization of salts from previous tests dissolving in the small quantity of fluid used, would lower the freezing point sufficiently to vitiate results. Another point is that the urine must be free from bacterial growth. As the freezing point is the expression of the number of molecules contained in the fluid, any considerable amount of bacteria will lower it. For instance, I found experimentally that urine which froze at  $-1.5$  degrees C., while fresh, when inoculated with ordinary nonpathogenic bacteria and allowed to stand



until it became turbid, froze at  $-3.5$  degrees C., the additional drop of two degrees in the freezing point being due to the contained bacteria.

Where specimens have to be kept for a considerable time because of transportation or other reasons, it is necessary to prevent this bacterial growth. A very small amount of formaline is sufficient to inhibit the growth of organisms for a time, and I have experimentally determined that one cubic centimeter of formaline in a liter of urine raises the freezing point .05 degrees. This correction can therefore be easily be made and the urine preserved long enough for all practical purposes.

Now what is the practical value of this method of clinical investigation? As already indicated, it gives, in my opinion, a comprehensive view of renal and cardiac function which cannot be obtained in any other manner excepting by a very difficult and exhaustive chemical investigation into all the urinary constituents.

Koranyi believes that a case of heart disease has not been properly investigated until the methods of cryoscopy have been used. It is well for us to get a clear conception of what cryoscopy means and what it signifies. Any one who supposes that there is some peculiar molecular arrangement of the constituents of the urine from a diseased kidney which will be manifested by cryoscopic examination is taking an absurd view of the situation. Koranyi himself has insisted from the first that it is simply to be taken along with other methods as a functional test of the kidneys and heart. It is simply an expression, when rationally studied in connection with body weight, diet and other available methods of examination, of renal permeability to the excretaneous contents of the blood. Some of the criticisms which have been made of cryoscopy show a lamentable lack of comprehension of the real question involved. A writer in the *Lancet*, for instance, says that cryoscopy is obviously useless because there may be in the same case a freezing point of one-half degree below zero at one part of the day and two or three degrees at another. Certainly there can be, and anyone who would attach great importance to a single observation of this character needs to go back and learn the first principles of physiology. As already stated, the element of time, body weight and diet must be taken into account, and when this is done there appears to be no doubt that cryoscopic examination

of the urine is a valuable aid to diagnosis, and should be utilized in doubtful cases as an element in prognosis and as a preliminary to surgical procedures which will involve the removal of a kidney.

Serra in 250 cases found the results of cryoscopy, when compared with exhaustive chemical and microscopical methods which are too cumbersome for routine clerical work to be entirely accurate and trustworthy. My own experience has been as yet rather limited, but I am using it daily and have obtained valuable information in a number of cases. The mathematical calculations and formulas which have been used by writers and investigators will tend to repel the average physician, although they are really comparatively simple when once thoroughly mastered. Their only advantage is a sort of symbolic statement of what would take more time and words to otherwise express.

In order to master the technique and experimentally test the ground work of the method, a very large amount of work has been done in my laboratory by myself and assistant, Dr. Rhamy, but I feel amply repaid for the labor and believe that it places at my disposal a valuable auxiliary in diagnostic work, and which means that it will better pave the way to a national prognosis and effective therapy.

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### OVIDUCAL GLANDS.

By BYRON ROBINSON, B. S. M. D.,  
Chicago.

From the days of Todd and Bowman, 1839, more or less discussion has arisen in regard to the existence of glands in the endosalpinx. A. Kolliker rather denied their existence in 1854. F. Leydig announced Oviducal Glands present in the mole in his celebrated "Histology of Man." In 1870. C. Hennig, the great defender of oviducal glands, published his evidence, and from his book most subsequent writers quote.

It is generally claimed that the oviduct in man is devoid of glands. The endosalpinx histologically has been thoroughly worked out, and its facts are beyond dispute, but by analogy is capable of being differently interpreted. Besides, much rests on the basis of the definition of a gland. The simplest gland is a sac or pouch of epithelia. Complicated glands are merely multiplications of simple ones. The best demonstration is to note the character of



the endosalpinx in lower animals. As compared with frogs, tortoises, and lizards whose oviducts are beset with complex glands, the human oviduct presents mucous sacs, pouches and deep recesses which can scarcely be other than glands pure and simple. The endosalpinx is a lymphoid structure resembling the endometrium which is also a segment of Muller's Ducts. The middle segment of Muller's Ducts, the uterus, possesses the typical glands, while the distal segment, the vagina, and the proximal segment, the oviduct, present less typical glands—sac or pouch like glands.

To prove that the endosalpinx resembles the endometrium, gestation will progress in the endosalpinx. Fishes, particularly the elasmobranchs, possess oviducal glands. Oviducal glands secrete albuminous fluids and various kinds of salts, especially calcium salts as

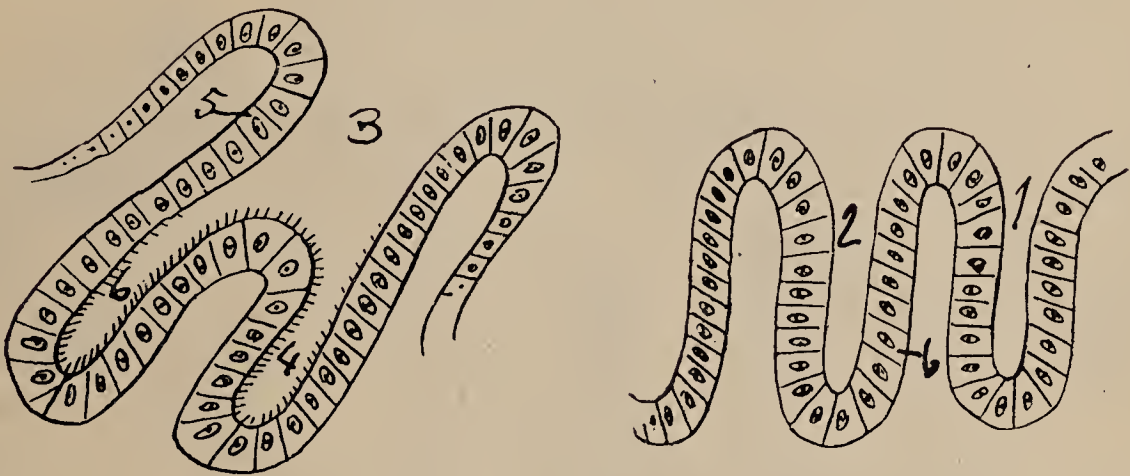


Fig. 1—(Byron Robinson)—Representing the different appearances of mucal glands.

the egg shell. Amphibians present oviducal glands. In the frog or toad the ova pass to the middle segment of the oviduct where the oviducal glands exist and there become coated with a gelatinous substance uniting them into an irregular mass. Reptiles and birds possess oviducal glands for the formation of albumen and egg shell. Originally in birds the oviduct possessed segments with definite functions. The first (proximal) oviducal segment consisted of a very large non-fringed, smooth-edged pavillion which served for a certain reception of the ovum (egg). A second (proximal) oviducal segment consisted of a longitudinally folded endosalpinx which was beset with glands to secrete the layers of albuminous substance (white of the egg.)

A third (proximal) oviducal segment (the uterus) consisted of endosalpinx beset with villous processes which secreted salts, chiefly calcarous salts to form the egg shell.

A fourth oviducal segment (socalled vagina) through which the egg passed rapidly unchanged.

In numerous animals a microscopical examination of the oviduct reveals tubular sacs, pouches and recesses, which resemble tubular glands. If the specimens are prepared with alcohol during functioning of the endosalpinx, coagulated albumen may be observed, showing that the segment (of birds oviduct that which secreted the albumenous substance) is still present.

There is no doubt of the anatomic fact that the epithelial folds of the endosalpinx is gland like in structure and character. Arthur Farre says in his inimitable classic article (1851). "the endosalpinx contains neither discoverable glands nor villi."

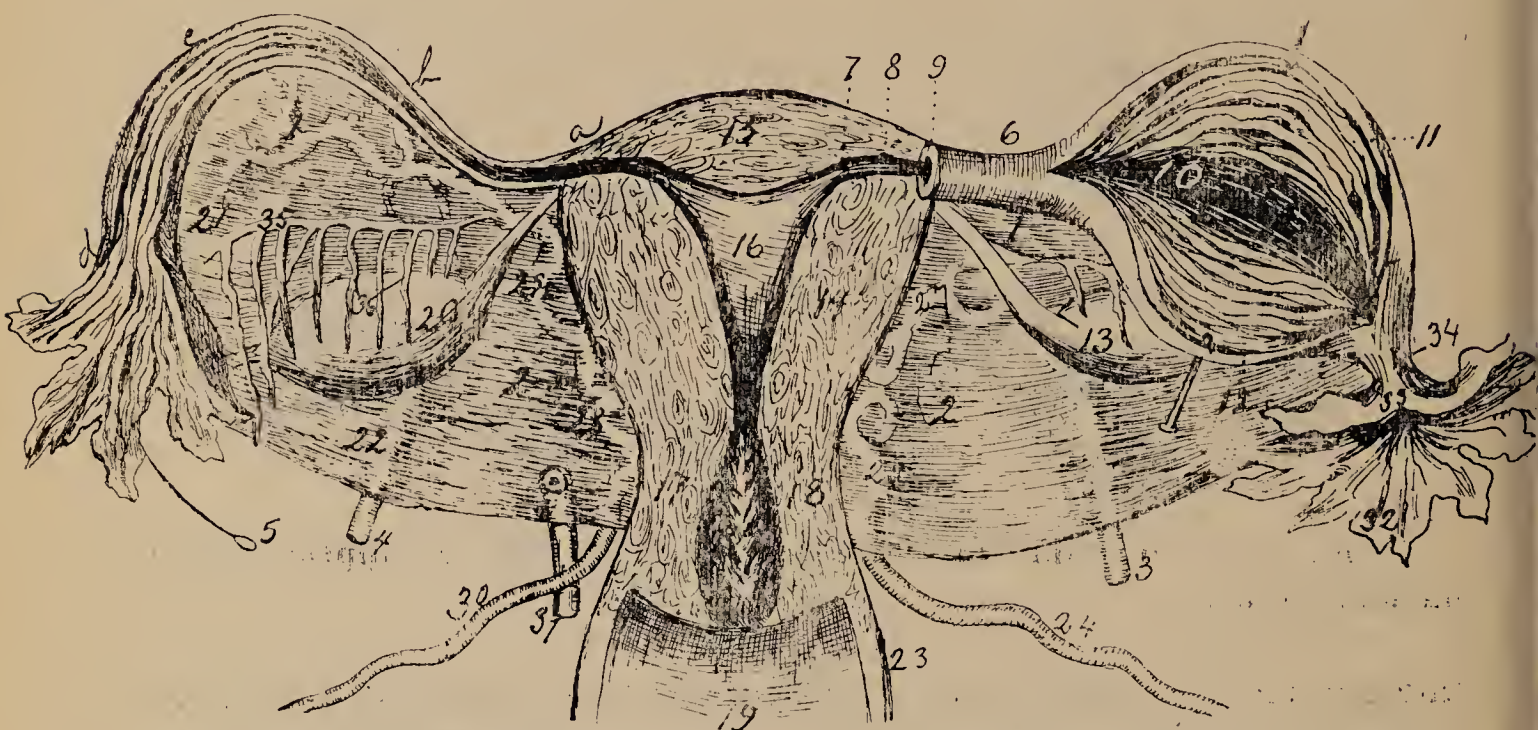


Fig. 2.—(Byron Robinson,—Oviducts divided longitudinally to expose the endosalpinx. 10 is the ampulla, the receptaculum seminis, or temporary depot of conception.

A number of low folds of endosalpinx lie parallel to each other, and where transverse sections are observed in the microscope it appears as if the glands lie between them. Superficial as well as longitudinal sections will clear up the error for the glands appear with parallel sides. However it depends to some extent on the definition of a gland.

The deep, narrow clefts lying between the numerous mucal folds of the endosalpinx and lined by epithelia resembling glandular epithelia, has induced observers to believe that glands are present in the oviduct of man similar to that of bird.



For example, it requires careful microscopic observation to distinguish the distal end of the oviduct from the proximal end of the uterine horn. One merges into the other. When, in a serial section, the exact line, or rather the zone between distal endosalpinx

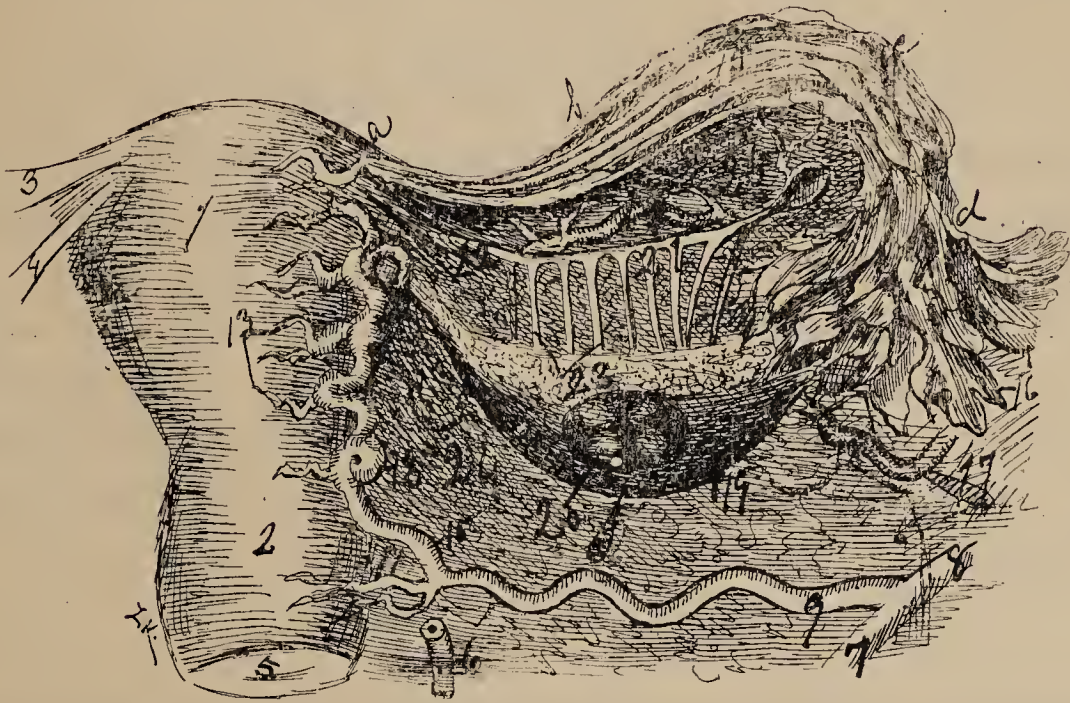


Fig. 3.—(Byron Robinson)—Dorsal view of internal genitals with oviduct laid open longitudinally to expose the longitudinal endosalpingeal folds. A to b, horizontal, b to c, ascending; and c to d, descending oviducal segments.

and proximal endometrium, the endometrial glands and endosalpingeal folds are displayed or mixed in this region of atypical mucosa is found the best locality to differentiate between recognized glands (endometrial) and epithelial folds (oviducal.)

## *SOCIETY PROCEEDINGS.*

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### NOBLE COUNTY MEDICAL SOCIETY.

At a regular meeting of the Noble County Medical Society held at Kendallville, Ind., on Oct. 7, 1902, the following programme was presented: "Appendicitis," by Dr. H. D. Wood, Angola. "The Business Side of Medicine," Dr. E. W. Knepper, Ligonier, and Case Reports by several other members of the Society. The papers were very generally discussed. The officers of the Society are: President, Dr. J. L. Gilbert, Kendallville, and Secretary, Dr. C. B. Goodwin, Kendallville.

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### PENNSYLVANIA RAILROAD SURGEONS ASSOCIATION.

The twenty-first annual meeting of the Association of Surgeons of the Pennsylvania Railroad, was held in Pittsburg, Sept. 12. An interesting programme was carried out, at the conclusion of which it was decided by a unanimous vote to hold the next meeting on Sept. 12, 1903, at Fort Wayne, Ind. Dr. C. B. Stemen, of Fort Wayne, chief surgeon of the Western Division of the Pennsylvania, extended the invitation for the next meeting to be held at Fort Wayne.

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### INDIANA STATE MEDICAL SOCIETY.

At last it is officially announced that the next meeting of the Indiana State Medical Society will be held at Richmond, Thursday and Friday, June 4th and 5th, 1903. The date selected will give opportunity for the members to attend the annual meeting of the American Medical Association with the customary side-trips offered at such times, and return home in plenty of time for the State meeting. The local medical fraternity of Richmond is making preparations for a roval reception.



## SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

This association held its fifteenth annual meeting in the Grand Hotel at Cincinnati, Ohio, November 11, 12 and 13. The meeting was well attended and both the scientific and social programme were good. This is one among the best working societies in the country and its efficiency is in no small measure due to the fact that Dr. W. D. Haggard is the secretary. The excellence of the social programme will not be wondered at when it is known that the chairman of the committee of arrangements was none other than the scholarly, genial, wholesouled Thaddeus A. Reamy. The presidential address by Dr. W. E. B. Davis was chiefly historical. He gave the chief points in the history of the organization from its origin under the name of the Alabama Surgical Association to the present time. His address contained several recommendations which we hope to see the society adopt. Membership in this society is not limited, as its name implies, to surgeons and gynecologists living south of Mason and Dixon's line. At this meeting were present representatives from Michigan, Ohio, New York, Pennsylvania, Massachusetts, Indiana, Illinois and Washington, D. C.

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ALLEN COUNTY MEDICAL SOCIETY.

At a regular meeting of the Allen County Medical Society on Tuesday, Oct. 14th, papers were presented by D. E. J. McOscar on "Treatment of Tetanus," and Dr. J. D. Chambers, "Report of a Case of Diabetes." Dr. McOscar advocated blood-letting, supplemented by injections of normal salt solutions, in the treatment of tetanus. The conclusions and recommendations with reference to treatment were largely based upon experience in the treatment of a severe case of tetanus which recovered.

At the regular meeting on Tuesday evening, Nov. 11th, in the Assembly Room of the Court House, the following papers were presented: "Our Deadly Foe," by Dr. W. P. Wherry. "The Physiology of the Skin," by Dr. W. D. Calvin.

At the regular meeting of Tuesday, Nov. 25th the following papers were presented: "The Essential Points in the Treatment of Acute Pneumonia," by Dr. S. D. Beavers. "A Case of Occipito—

Posterior Presentation," by Dr. E. J. McOscar. The proceedings of the State Medical Society were distributed.

At the regular meeting on Tuesday evening, Dec. 9th, Dr. H. V. Sweringen presented a paper on "Puerperal Eclampsia." This paper will appear in full in the January issue of the *Journal-Magazine*.

The annual report of the secretary showed that except in one or two instances all members assigned papers and on the printed programme for the year had fulfilled their duties. The average attendance for the year was better than for the preceding year, and indicated increased interest and enthusiasm. A committee was appointed to confer with the editor of the *Journal-Magazine* with a view to having the proceedings of the Society regularly published, an official stenographer being employed by the Society to prepare the proceedings, the same to be approved by a committee on publication. The annual election of officers resulted as follows: President, Dr. C. B. Stemen; Secretary, Dr. E. E. Morgan; Treasurer, Dr. W. P. Whery. Board of Censors--Drs. A. E. Bulson, Jr., C. H. English and A. P. Buchman.

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#### NORTHERN TRI-STATE MEDICAL ASSOCIATION.

The mid-winter meeting of this association is announced to be held in Butler, Indiana, on Tuesday, January twentieth, under the presidency of Dr. W. F. Shumaker. The following papers are on the program; Inhalers and their use in medicine, by Dr. Spohn of Elkhart; Retro-deviation of the Uterus, by Dr. Wood, of Angola; Obstruction of the Bowels due to Meckles Diverticulum, by Dr. Wyman of Detroit; Treatment of Tuberculosis, by Dr. Alwood of Montpelier; Report of Cases of Brain Abscess and Caris-esophageal Cancer by Drs. McCaskey and Porter, of Fort Wayne; Appendicitis, by Dr. Gilbert, of Kendallville; Repart of Cases, by Dr. Daugherty, of South Bend; Neurasthenia, by Dr. Maris of Waterloo.



# Fort Wayne Medical Journal-Magazine

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## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR.  
55 West Wayne Street.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.  
107 West Main Street.

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## EDITORIALS.

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### THE JOURNAL-MAGAZINE SPECIAL OFFER.

For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address the Cosmopolitan Magazine, the net price for which is one dollar and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscriptions before this offer expires.

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### A NEW OBJECTION TO THE REMOVAL OF TONSILS.

We have recently heard of a physician who told a medical friend, whom he called in consultation, that he objected to the removal of hypertrophied tonsils on the ground that it was "removing a source of revenue." We have frequently thought that some physicians objected to surgical methods, which, in many cases, are absolutely curative, because of the fact that the curing of the patient would result in the lack of necessity for professional attention, but this is the first instance in which we have known a medical man to be frank enough to admit that he desired an ailment to continue because of the revenue there was in it. Fortunately the majority of physicians are made of better timber, and to effect the least expenditure of suffering and money is their aim in life. Were it not for such

men the practice of medicine would soon fall to the level of a trade instead of occupying the dignity of a profession, the most honored of all.

A. E. B.

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### A MERITORIOUS APPOINTMENT.

The county commissioners for Allen County have recently re-appointed Dr. Karl Proegler, of Fort Wayne, County Health Officer for another year. Though there were two or three other candidates for the position Dr. Proegler had the satisfaction of receiving the unanimous vote of the Board. While we do not discredit the ability or qualifications of the other aspirants for the office, yet we feel called upon to say that no mistake has been made in reappointing Dr. Proegler, who has made a very creditable record as an efficient health officer. His fearless and intelligent enforcement of measures tending to the benefit of public health and sanitation has done more to limit and prevent disease in Allen County than probably any other one single factor. The reward for faithful and efficient service is not much, and yet no one has a better title to it than Dr. Proegler.

A. E. B.

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### COLORADO A MEDICAL DUMPING GROUND.

The medical journals of Colorado are complaining because a large proportion of medical men who fear to take or actually fail to pass the required examinations in other states, flock to Colorado where all that is required is to pay a fee and present a diploma from some medical school. As a result of the laxity Colorado is being flooded with incompetent physicians, many of whom resort to the most disreputable practices to obtain business. So keen is the competition in some localities that "runners" are employed to watch the hotels and railroad stations for incoming invalids who have sought Colorado as a place for recovery on account of favorable climate. The lame, the blind and the weak are so annoyed by these disreputable physicians who seek "business" that in some instances the courts have been resorted to in efforts to prevent forcible professional attention with the attending bill for services rendered. It is certainly a disgrace to Colorado, and the medical profession in particular, that such a state of affairs exists, and it is high time that some efforts be made to not only raise the standard of requirements for the practice of medicine in Colorado, but stamp out such practices as herein men-



tioned which are not only injurious to the public welfare, but lower the dignity and good name of the medical profession.

A. E. B.

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### THE VISIT OF DR. LORENZ.

Not only the medical profession of this country, but the laity as well, will reap much benefit from the visit of this great surgeon. We say "great" because by his work he has proved himself worthy the title. No one, it seems to the writer, who met the man and saw him at his work, but must have been impressed with his greatness, unless it be by one whose soul is narrowed by jealousy. We are, of course, not unmindful of the work done along the same line by Whitman and Ochsner of this country, but the fact remains that the visit of Lorenz and his demonstrations of his methods of treating congenital dislocations of the hips will result in many of the sufferers from this frightful deformity being relieved, who, had he not visited us, would have carried their infirmities to their graves. That American surgery occupies the position which it does occupy to-day is due in part to the fact that American surgeons have been quick to see and ready to acknowledge surgical advance no matter from where or from whom it emanated. That American surgeons still retain this attribute of greatness is attested by their reception of the modest master from Vienna. No man who is really great begrudges another the honor that is his due, and what is true of the individual is true of a class. Therefore it is that the surgeons of this country, than whom there is none greater, by acknowledging their indebtedness to Dr. Lorenz, and in so doing reiterating allegiance to the motto—"honor to whom honor is due"—but enhance the validity of their claim to superiority.

M. F. P.

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### MEDICAL INSPECTION OF SCHOOL CHILDREN.

One of the most prolific sources for the spread of contagious diseases is the school room. During the incubative period of scarletina, diphtheria, etc., there is a time when the child is not sick enough to attract attention and yet is capable of communicating the disease to others. This is one of the sources of contagious disease epidemics which can be absolutely prevented by proper medical inspection of the children. The pulse and the thermometer with perhaps an examination of the throat would result in the early recog-

nitition of every single case of contagious disease having its inception in the school room before its conveyance to others had become possible

A recent London journal says: "The advisability of appointing school doctors in Germany, we are told, was suggested by Professor Virchow in 1899, and in 1900 medical inspection of schools was actually in operation in Weisbaden, Konigsberg, Nuremberg, Darmstadt, Frankfort, Dresden and Leipsic. In 1899 the Board of Health of New York City had 250 medical inspectors for schools at a salary of \$360, with a chief at a salary of \$2,500. In Chicago, in January, 1900, a daily inspection was begun with fifty-six inspectors receiving fifty dollars a month, to work from 9 a. m. till 12 noon. The city of Boston is divided into fifty districts, with a medical inspector to each. Germany and America, the great progressive countries of the world, are alive to the necessity of making the health of the children a matter of first importance."

The sooner public sentiment compels officials to have every child in every one of the schools examined often enough to make it impossible to pass unrecognized through the incubative period of the infectious diseases, the sooner will the most vital step have been taken toward the abolition of those diseases. Let some one wake up to the practical importance of this question, and see that the work is practically done, not by cheap doctors who are cheap ward politicians, but by those who are competent and reliable and whose services have a real value and must be paid for to be obtained. Money thus spent will bring larger returns perhaps than in any other way it could be invested.

G. W. M.

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### THE INDIANAPOLIS GHOULS.

The grand jury sitting at Indianapolis has already indicted several negro grave robbers and one or two well-known physicians as accomplices, in connection with the sensational discoveries of a few weeks ago when it became known that a rather wholesale traffic in dead bodies was being carried on by one of the medical colleges at Indianapolis on the one hand and an organized gang of "body snatchers" on the other hand. It is unfortunate that any of the well known physicians connected with any of the medical colleges of Indianapolis should have been implicated in any such practices as those exposed and while they have our sympathy in being in trouble yet we



do not feel that they should entirely escape punishment if guilty as charged.

While the newspapers, ever eager for a sensation, are claiming that all of the medical colleges at Indianapolis, together with the medical colleges at Fort Wayne, and medical colleges at Louisville, Ky., are also interested in the traffic in dead bodies, yet we are pleased to say that up to date no evidence of the slightest character whatever has been brought forth to prove the assertion that any but the one college now somewhat in disgrace through the disclosures made, have been guilty of the slightest connection with the grave robbing business.

So far as the Fort Wayne College of Medicine is concerned, there cannot be any evidence brought forward to prove that bodies for dissecting purposes have been obtained in any other than the lawful manner, and the authorities are invited to make the closest investigation, if they feel so disposed, in order to prove this assertion. A late newspaper report to the effect that one of the negro grave robbers, now confined in jail at Indianapolis, has testified under oath that he sold bodies to the Fort Wayne College of Medicine, is an absolute untruth, and if the newspaper report was true, the man is guilty of perjury.

We regret that the authorities of any medical college should resort to the practice of stealing bodies or buying stolen bodies, and if the published reports of the cases under consideration are true we sincerely hope that the offenders will be promptly and effectually punished. In the meantime it is expected that medical colleges innocent of any such crimes will be suspicioned and perhaps be made the subjects of legal investigation with a view to determining the guilty or non-guilty. The entire matter, with all of its sensational features, will certainly end in some good if it shows erring medical colleges the danger encountered in attempting to secure bodies for dissection in an illegal manner, and if as a result of the disclosure it proves to the legislature the necessity for a law that will make it possible for medical colleges to secure sufficient material in a legal manner.

A. E. B.

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### THE SPECIALTY OF INTERNAL MEDICINE.

In his recent memorial address on Dr. Dacosta, Dr. J. C. Wilson

incidentally utters a thought which expresses in a striking manner the evolution which is taking place in the medical profession. In speaking of DaCosta's early training and educational pursuits, he indicates the lines which they followed and points out their "clear course toward his life work \* \* \* in a word, *internal medicine in the broadest sense, the greatest of the specialties.*" That internal medicine is a specialty, as distinct from that of the general practitioner as is neurology, or abdominal surgery, must be evident to everyone who has followed the trend of recent developments along the various lines of pathology, diagnosis and therapeutics. The general practitioner can no more master the wide fields included within its domain than he can the narrower ones in the specialties indicated along with many others which might be mentioned.

The general diagnostician—for the specialist in internal medicine must be the first and above everything else—must be familiar with and have at his practical and immediate command all the methods which clinical and scientific research have shown to be of value in the elucidation of morbid processes. He must be able to use the ophthalmoscope; to study the finer structure of the blood the importance of which in its bearing upon diagnosis, prognosis and treatment is becoming more and more apparent as this important field is cultivated; he must be able to secure prompt and reliable information in regard to metabolism and renal function by exhaustive study of urinary construction; he must be able to secure the same data with reference to the functions of the digestive tract; and he will feel much more confident of the ground work upon which his opinion is to rest if this and many other technical laboratory procedures which space will not permit mention of, can be done either under his immediate supervision which he will certainly find necessary in some instances, or at least where he can look in upon the technique and various reactions and calculations with the loss of only a moment of time. But these facilities and methods are but the armamentarium of the internalist, and presuppose back of them and before they can be assigned any substantial value, the broadest kind of clinical experience and training and the mental qualifications which are necessary in dealing with the most difficult problems which confront practical medicine and in the solution of which the general practitioner absolutely requires assistance just as much as he does in a case of glaucoma or purulent salpingitis if he is to discharge his clearly defined obligations to his clients.



Although, perhaps, not recognized in name, or so distinctly classified as the specialties of the oculist or gynaecologist, yet the "specialty of internal medicine" is recognized in the larger centers of population, and its arduous requirements met by men who have no more time or fitness for the incidents of a general practice than for the specialties in the fields more clearly recognized. Dr. Wilson's utterance, because of its clearness, and because of his high standing in the ranks of the medical profession, is entitled to wide recognition and marked emphasis.

G. W. M.

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### ANENT PAYING A COMMISSION ON CASES REFERRED; THE CORRESPONDENCE.

Dear Mr. Editor:—I thought perhaps you might deem the following correspondence of enough importance to warrant its publication in your columns. If so, you are at liberty to publish it, omitting, of course, the place of residence and the name of the writer of the first letter, as I have not the permission to publish it.

Yours truly,

MILES F. PORTER.

———, Nov. 5, 1902.

Dear Doctor Porter:—Our patient has planned to come to you about Monday next. Must she report at the office or hospital? She will want a private room, but not an expensive one.

Doctor, I want to make a statement and then ask you a question. If these people pay \$50 and the other expenses, it is a big job for them, and I can't charge them even a dollar for diagnosing and advising an operation. She has had four or five doctors and I am the only one who has insisted on an operation. I have spent \$10 worth of breath alone telling this patient in the last five months to be operated. If I should charge \$5 or \$10 for the advice they would be angry and refuse to pay it, and not employ me further, and what is true of this case is true of nine-tenths of the cases. Now why should I send you these cases and you take the fees and I "hold the bag." You say my work is worth something and the patient ought to pay it directly to me. That is true, but our people are not educated to that and it would cost far more than it is worth to undertake to educate them in this matter. At least I shall not undertake it. If you were situated so you could return the compliment occasionally it would be different, but you are not, and the chances are

if you were referring a patient here to a physician you would not send him to me.

If my patient is able to pay \$25, \$50, \$75 or \$100, what wrong would it be for you to charge them what I could tell you they are able to pay and then give me a reasonable per cent for the services I have rendered?

I know surgeons differ about the matter, and a few stubbornly refuse to do as I have suggested, but I believe nine-tenths of them are glad to do so—and to my personal knowledge do do so.

I should be glad to refer my surgical work to you, but I believe I ought to have a "finger in the pie." I will tell you frankly what I think the patient is able to pay, then you charge whatever you please and give me a reasonable per cent of the fee. The question is will you do it?

Yours truly,

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M. D.

Fort Wayne Ind., Nov. 9, 1902.

My Dear Doctor:—Yours of the 5th received and contents noted. I felt that your letter required something more than a concise and dogmatic answer and I therefore waited until I had time at my disposal to answer it. I take it for granted that you think your position entirely correct and honorable, and I feel sure you think that I also hold the opinion I do because of my belief that it is the correct one.

In your first statement you say these people can afford to pay no more than \$50, and the other expenses, and that you can't charge them "even a dollar for diagnosing and advising an operation." Now doctor, the honorable way to proceed in a case of this kind it seems to me is plain. The patient can afford to pay only a nominal fee, therefore, both the surgeon and the physician will have to be content with such fee. For either to take all, even though the "all" would be less than his services are worth, would be evidently unfair; hence each should receive from the available assets (in the case cited, \$50) that percentage which it is found the assets will pay. For instance, in the case under discussion, \$50 is all the patient can pay, and I infer that you think \$10 a small fee for your services. Very well, you accept \$10 for your services and I will accept \$40 for mine. Thus far doctor I think there will be no



difference between us; but now comes the hitch. To whom shall the money be paid? Shall the bills be rendered separately or shall I render a bill for services due me for \$50, and then give you \$10, thus leaving the patient with the impression that I have been a Shylock and you a "good samaritan?" Whether the money is paid to the one or the other of us is a matter of no moment. Whether the bills are rendered separately or whether a joint bill is rendered is also a matter of no importance, but I take it to be essential that they or it, as the case may be, shall be *honestly* rendered. That is to say, *the patient has the right to know just what he is paying for.*

You say that if you were to charge \$5 or \$10 for your advice the patient would "be angry and refuse to pay it and not employ me further." In asking for a percentage of my fee on this basis Doctor are you not in reality asking me to cover your lack of courage with a cloak of deception? If your patients are not educated to think that your services are worth something to them it is certainly no fault of mine, yet I would be perfectly willing to help you educate them by telling them that your advice to them that an operation is necessary is valuable and must be paid for, even though to enable them to do so it became necessary for me to take less for my services.

I am perfectly willing, always, *when necessary on account of the financial condition of the patient*, to reduce my bill enough to allow them to pay you for your services, but I will not pay you a part of my fee because you are afraid to demand it of the patient.

You ask what wrong would be done by me paying you a percentage of my fee. I think I have shown above that it would be wrong—first, because it would be dishonest in that it would be practicing deception—second, because it would be encouraging a very reprehensible fault in you, viz., cowardice—third, because it would be lowering the profession to a trade level.

As to your "holding the bag," Doctor, if you do so it is because you prefer to do it. I shall never charge a patient such a large fee that he cannot pay the rest of his debts, the one to you included, but you must collect your fee as I collect mine, or in case I collect it, you must be willing to acknowledge it. I am not christlike enough to be willing to wear the garb of a Shylock while doing acts that to say the least are not illiberal.

I should hate very much to believe, as you say you do, that nine-tenths of the surgeons are glad to do as you ask. I feel sure that you are in error in this; however, even if you were correct it would not alter my stand in the least, because I have taken it for the reason that I am firmly convinced that it is right.

I consider it a great compliment for physicians to refer their patients to me, and never let an opportunity pass to reciprocate, but it would not be a compliment to have patients referred to me if I paid for it, as a merchant pays his salesmen. An act of this kind to be complimentary to any high minded surgeon must be prompted by a belief on the part of him referring the patient, in the judgment, skill and integrity of the surgeon.

Your statement that I would probably not refer a case to you even though the opportunity offered, I do not care to refer to any further than to say that I think it gratuitous and know it to be unjust.

To turn to the other parties interested. What do you think a patient would think if he found that his family physician was securing a part of the "exorbitant fee" he paid the surgeon? Don't you think he would be quite as angry as he would be if he were to get from his physician an honest bill for services rendered? My experience has extended over a period of nearly twenty-five years and I am convinced that the majority of physicians referring cases to specialists would not only not accept a fee from the specialist, but would feel insulted if it were tendered.

You say you would be glad to refer your surgical work to me but believe you ought to have a "finger in the pie." I don't know that I grasp your meaning, but you certainly do not mean that you want me to give you part of the fee that I honestly earn. If I charge more than is right then I am an unfit man for you to refer your patients to, and if I charge no more than my services are worth then I should certainly be allowed to keep what I get. As I look at it you have the right to have a "finger in the pie" and should be willing to boldly assert that right to the patient as well as to me.

In conclusion, Doctor, I am willing to do your surgical work for what I consider a reasonable fee from patients able to pay; in case the patient is unable to pay the usual fee I am willing to do the work for whatever they are able to pay me after paying you for your services; and in cases unable to pay anything I will cheerfully do the



work free of charge; but I will not offer you a money inducement to refer patients to me for the reason that to do so would be bad business policy and would be wrong.

In a previous letter I indicated to you that I was opposed on principle to the payment of commissions on patients referred. You have shown to me in your last letter no reason, other than a mercenary one, for abandoning that principle, and I therefore beg that you believe me when I say that one of the strong reasons for refusing your request is because I value your esteem much more highly than I do your business, and I certainly could not retain the former if I abandoned a principle for the latter.

Yours very sincerely,

MILES F. PORTER.

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## NEWS NOTES AND COMMENTS

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STUDEBAKER DONATION TO SOUTH BEND.—The daily papers announce a donation of \$60,000 as a maintenance fund for the South Bend hospital by the Studebaker family of South Bend. The gift is made as a memorial to the elder Studebaker who died last year. With other donations previously received the South Bend Hospital is now in a position through ample funds to be equipped and maintained as one of the best and most improved small hospitals in the United States.

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DISINFECTION OF A SUIT OF CLOTHES.—A suit of clothes may be disinfected by putting it into a common wash boiler, in one end of which a soft towel has been placed. Pour upon the towel a quantity of formaldehyde solution (formaline) allowing at least an ounce for each cubic feet of space, and put a cover on immediately, and keep it closed five or six hours at least. Before taking out the suit a little ammonia water poured upon the towel will help to neutralize the formaldehyde and remove the pungent odor from the clothing.—*The Sanitary Inspector, Maine.*

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IMPORTANCE OF SCHOOL HYGIENE. Hardly has the child weathered the first years which are fatal to so many than it becomes

necessary to send him to school. He must go, his future in society depends upon his doing so. But on the other hand, he can not send this still frail little being to a school where his physical development may be obstructed by his sojourn amid unhealthy surroundings or by intellectual overwork. To prevent this insolubility and overwork, to give, in fine, to the schoolboy the protection to which he is entitled, is precisely the object of school hygiene; hence its importance.—*Bulletin Ind. State Board of Health...*

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THE NEW LUTHERAN HOSPITAL FOR FORT WAYNE.—Mention has previously been made of the proposed Lutheran Hospital for the city of Fort Wayne. We are now reliably informed that a sufficient sum of money has been raised for the purpose and that building operations will begin in the spring of 1903. The hospital building is to be located upon the spacious and beautiful grounds of the Concordia College, in the extreme Eastern portion of the city, and will be modern in every particular. There will be accommodations for 100 patients. The operating rooms are to be a feature of the institution.

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FATAL ANTI-FAT TREATMENT.—Katherine L. Ball of San Francisco tried fasting as an anti-fat remedy under the direction of a physician. To begin with, Mrs. Ball weighed 250 pounds. She fell off 40 pounds by the end of fifteen days' fasting. At this time she had no craving for food and felt strong; in fact, she was able to climb three flights of stairs without stopping for breath. She continued to improve until the twenty-first day. Her aim was to fast fifty days, but on the forty-fifth day her symptoms became so alarming that a change of physicians was thought best and slight nourishment was administered, but without avail. Mrs. Ball died weighing only 12 pounds.—*Ex.*

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JOURNAL OF ADVANCED THERAPEUTICS.—Electro-Therapeutics, Radiography, Thermo and Hydro-Therapeutics are practically and thoroughly covered in the *Journal of Advanced Therapeutics* (800 pages, issued monthly \$3 per year.)

The reader is invited to join the "Founders" club and to all who order during 1902 the price is \$2; for the first and each succeeding year. It is only requisite that you address the following order to



"*Advanced Therapeutics*," 156 Fifth Ave., New York. Send me until countermanded (to Jan. 1903 free) the journal, commencing January, 1903, per year \$2, for which I will pay at the close of the year.

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HOSPITAL BUILDINGS FOR UNIVERSITY OF MICHIGAN.—Three new buildings are being erected near the University hospital, Ann Arbor. One, the psychopathic ward, is to cost fifty thousand dollars. The appropriation was obtained from the state legislature largely through the efforts of Dr. William J. Herdman. The first stages of insanity will be studied here. The state has generously provided for the maintenance of the ward.

The late Mrs. L. M. Palmer bequeathed twenty thousand dollars for the establishment of a ward for children. The building which is to be known as the "Palmer ward" is fast approaching completion. Mrs. Palmer also bequeathed fifteen thousand dollars as an endowment for the maintenance of this ward.—*U. of M. News*.

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MONUMENT FOR RUDOLPH VIRCHOW.—The German Committee in charge of the celebration in honor of Rudolph Virchow's eightieth birthday—Professor Waldeyer, chairman; Professor Posner, secretary—has begun collecting funds for the purpose of erecting a monument in memory of that great and unique man and physician. The undersigned are anxious and ready to receive contributions which will be duly acknowledged.

Frank Billings, President of the American Medical Association, 100 State St., Chicago, Ill.

Thomas B. Coleman, 505 Greene St., Augusta, Ga.

A. Jacobi, 10 East Forty-seventh St., New York City.

W. W. Keen, President of the Congress of American Physicians and Surgeons, 1729 Chestnut St., Philadelphia, Pa.

Wm. H. Welch, 935 St. Paul St., Baltimore, Md.

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HOLIDAY SOUVENIRS.—The medical profession is already receiving Christmas and New Year souvenirs from the large manufacturing pharmacists of the country. The Denver Chemical Manufacturing Company are mailing to every physician in the United States a calendar for 1903, in the form of a folder printed and shaped like a bill-book and designated "the original package" with portrait of

an original package of Antiphlogistine. The Antikamnia Chemical Company are again mailing their celebrated Helen Hyde calendars, which are exquisitely beautiful pieces of artistic work worthy of a place on any mantel. The calendars are essentially a reproduction in colors of a painting by the now quite famous artist, Helen Hyde, whose pictures of Japanese babies and Japanese scenes have brought her wide recognition as an artist. Many other firms are yet to be heard from, but it is safe to say that the medical profession will be treated with souvenirs that are well worth the keeping from some of the larger houses catering exclusively to the influence of the medical profession.

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A NEWSPAPER COMMENT ON VACCINATION.—The citizen of Marion who fails to vaccinate as soon as he can do so, fails of his duty to himself, to his neighbors, and to the community. It is time to act. It is time to vaccinate. Cold weather is coming. With cold weather comes smallpox. There is one way to escape, and only one and that way is through vaccination. This is common sense. The situation compels it. There may be those who, in their own wisdom, insist that vaccination is wrong, criminal, needless, etc., but the public weal and the general need are above all personal feeling and the public good must command the obedience of patriotic citizens.

Vaccinate at once; it is necessary; it is vital. In warding off smallpox, quarantine, and the horrors that go with epidemics, the people take the only wise course. Marion can not afford to have paralysis come upon her. Do not be short-sighted. Take time by the fore-lock. Be not dilatory, but alert. Be not foolish, but sensible.

Now is the time. Smallpox is not formidably to-day. But in the weeks to come, if it is permitted to spread, the disease will become a plague. Action taken to-day will do all that is necessary to prevent general contagion and the awful conditions that follow.

To keep business moving, traffic active, health good, and prosperity and contentment secure, keep off disease, and to bar out death it is only necessary that vaccination shall take in all citizens of all conditions and ages. Be one with the multitude which marches to battle with the common foe. Be one in the ranks of the wise servants of the commonwealth. Vaccinate at once. Do your part in the work of self-preservation.—*Marion Chronicle*.



AN AMBITIOUS AUTHOR.—Under this title the editor of the *Journal of the American Medical Association* calls attention to presumptuous proceedings on the part of a Brooklyn physician in getting a production published in a large number of medical journals. The article was offered and finally appeared in a very large number of the weekly and monthly journals of the United States, not excluding homeopathic. The editor of the *Journal-Magazine* was among the number who received the manuscript, and while we do not wish to excuse the essayist for any apparent desire to secure advertisement for himself, yet we feel warranted in saying that while he may have known that many journals would not publish the article if it was to appear elsewhere, yet he did not submit it with the statement that it was for exclusive publication, as any editor would have determined had a correspondence been opened with a view to deciding the question. The editor of the *Journal-Magazine* wrote the essayist, with the resulting answer that the article had been submitted to several journals. Accordingly the article was refused publication in the *Journal-Magazine*. We have no hesitation in condemning the essayist for his attempt to take advantage of the medical editors, but on the other hand we believe the editors are at fault in not obtaining the statement from him as to whether the article had been submitted in good faith for exclusive publication. It may or may not be generally understood that acceptance of an article for publication is contingent upon submission of the article for exclusive publication, and yet a generally accepted acknowledgment of the fact that ambitious writers will take advantage of editors when they can should lead to the placing of the contributors upon record by the editors in order to avoid any such unpleasant situation as now confronts several editors who have published the same article as original.

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PERSONALS—Dr. J. D. Chambers, who has practiced medicine in the city of Fort Wayne for twenty-eight years has recently disposed of his practice, and left for Southern California, where he expects to make his permanent home. Dr. Chambers is a graduate of the Michigan University, class of 1874, and while living in Fort Wayne enjoyed a large and lucrative practice, as well as the confidence, respect and friendship of the medical profession. He is succeeded in his professional work by Dr. W. F. Schrader, a graduate of the Fort Wayne

College of Medicine, who has quite recently returned to active practice after a prolonged illness.

Dr. J. E. Stults is to be congratulated upon his election as coroner of Allen County. Under ordinary circumstances the county is overwhelmingly democratic and the election of Dr. Stults, republican, can be attributed in a large measure to the very sensible opinion of the people that the coroner's office should be occupied by a physician and not a layman.

The Fort Wayne daily *Journal-Gazette* of Nov. 6th contains a lengthy article upon the use of X-Rays in the treatment of cancer, as based upon information obtained from Dr. N. L. Deming through interview by a reporter.

A complete X-Ray outfit seems to be a part of the necessary office equipment of every progressive physician if we are to judge from the numerous sales of X-Ray apparatus reported by the manufacturers. In the city of Fort Wayne there are fully eight or ten complete X-Ray outfits of the very latest and most approved pattern, and the work performed by the men owning these outfits is on the whole worthy of commendation.

Dr. I. N. Rosenthal, whose illness attending operation was mentioned in the *Journal-Magazine* of last month, has made a very satisfactory recovery and has resumed his professional work.

Dr. G. M. Leslie, who recently left Fort Wayne to take up residence in Arizona, on account of failing health from tuberculosis, writes from his new home that his condition is very decidedly improved and that he believes himself in a fair way to entirely recover under the beneficial influence of the climate.

Dr. G. W. McGavern, Van Wert, O., recently underwent an operation at St. Louis for the relief of a tumor of the scalp. The operation appears to have been entirely successful, and Dr. McGavern has resumed his professional work.

Dr. Jessie Carrithers Calvin, who recently returned from an extended visit in California, has just recovered from an attack of pneumonia following exposure incident to change of climate.

Dr. Geo. W. LaFollette of Poe, Ind., was recently the victim of supposed enemies, who for several months have been making repeated attempts to harm the doctor or his property. On Dec. 3 a stick of fire wood which had been drilled and filled with dynamite exploded in a stove in one of the rooms of Dr. LaFollette's residence with the



resulting destruction of furniture, partitions and a part of the house through fire. A daughter who happened to be in the room barely escaped loss of life through burns, and injury from flying pieces of furniture.

Dr. James F. Hibbard, Richmond, celebrated his 86th birthday Nov. 4. Dr. Hibbard is an ex-president of the American Medical Association and of the Indiana State Medical Society. His many professional friends will be pleased to learn that though advanced in years he yet enjoys good health.

Dr. A. W. Brayton, Indianapolis, editor of the *Indiana Medical Journal*, has accepted an invitation to read a paper before the Fort-nightly Literary Club of Fort Wayne, on January 5th.

Dr. C. H. English, Fort Wayne, has resumed his practice following an attack of typhoid fever.

Dr. H. A. Duemling has returned from a prolonged hunting expedition in Missouri.

The Fort Wayne College of Medicine has recently received a number of fine anatomical specimens donated to the institution by Superintendent Johnson of the I. S. F. M. Y. The Board of Directors of the College respectfully solicit contributions of interesting specimens for the College museum, from those who desire to preserve either anatomical or pathological material as also to make it of value through use by the teaching force of the College.

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The present marked increase in the number of cases of scarlet fever and diphtheria in the city of Fort Wayne has been attributed to laxity in quarantine regulations and inefficient sterilization of infected residences following recovery of inmates. We are more inclined to attribute the spread of contagious and infectious diseases to carelessness on the part of physicians who, in a large number of instances, have and are yet indifferent to the necessity for sterilization of their clothing and persons before visiting other patients after having seen cases of scarlet fever or diphtheria.

## MEDICAL REVIEWS.

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### DEPARTMENT OF MEDICINE AND THERAPEUTICS.

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IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Clinical Medicine, in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

CRYSTALGIA.—Crystalgia has been classified as follows: (1). Crystalgia with lesions of the urinary apparatus, i. e., urethra, bladder and kidneys. (2). Crystalgia with lesions of the neighboring organs, such as the testicle, prostate, rectum and anus. (3.) Crystalgia incidental to ataxia or general paralysis. (4). Crystalgia associated with diathetic conditions, as rheumatism, gout or malaria. (5). Essential Crystalgia. Neurotical study is properly directed to the crystalgia associated with diseases of the cerebro-spinal axis. Vertical pains are common in the pre-ataxic period of locomotor-ataxia. Neuralgia of the bladder is of variable intensity and radiates in different directions through the hypogastrium, groins, testes, thighs, perineum, rectum or back. If definite lesion, such as calculus or other diseases is absent, essential Crystalgia is to be diagnosed corresponding to neuralgia of other organs.—*Journal Nervous and Mental Disease*

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SLEEP, NARCOTICS AND MENTAL DISEASE.—Dr. Henry Rayner, in *Journal of Mental Science*, limits his consideration of sleep to such aspects of it as are related to the question of sleeplessness by narcotics; to consider whether the state of narcotic sleep or narcotic stupor is as reparative as normal sleep, and whether the relief of the symptom sleeplessness by the use of narcotics may not be too dearly purchased by the harm done in other directions. He concludes from a theoretical consideration of the pharmacological action of the various hypnotics, etc., that more harm is apt to result from the use of these agents than good. His arguments really resolve themselves into a question of his own clinical experience and this has led him



gradually to discard the use of narcotics, altogether in narcotic dosage and only at rare intervals in the hypnotic form, and then only in the form of bromide, or a small quantity of alcohol.—*Journal Nervous and Mental Disease*.

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OSLER ON SPLENIC ANAEMIA.—Under this title, Dr. Wm. Osler, in the November issue of the *American Journal of the Medical Sciences*, gives a very interesting description of his investigations in this disease with reports of cases. His definition gives a resume of his points in a nutshell and is as follows: "A chronic affection, probably an intoxication of unknown origin, characterized by a progressive enlargement of the spleen which cannot be correlated with any known cause, as malaria, leukaemia, syphilis, cirrhosis of the liver, etc., (primary splenomegaly); anaemia of the secondary or chlorotic type (leucopenia); a marked tendency to hemorrhage, particularly from the stomach; and in many cases a terminal stage, with cirrhosis of the liver, jaundice, and ascites (Banti's disease)." He concludes the article with the following statement which some of us might do well to take to heart: "A growing clinical experience should give a sort of miniature picture of the general clinical experience of the profession. Few of us see all the aspects of any diseases we see; but all can try to correlate our own observations with the facts presented by our colleagues, and this is what I have attempted in these papers on splenic anaemia. The conclusions to which I have been led to the study of a remarkable group of cases is that—

From among the conditions with which anaemia and enlarged spleen are associated a well defined disease may be separated conforming to the definitions above given, and which may be called chronic splenic anaemia."

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DIABETES MELLITUS.—Tyson, in *The University of Pennsylvania Medical Bulletin*, presents a critical summary of our present knowledge of diabetes mellitus. In this condition, he states, there appears to be present: (1). An alimentary glycosuria due to an imperfect assimilation of carbo-hydrates into fat and proteid in the intestinal villi, as a consequence of which it passes over into the portal circulation in larger quantity than can be converted into glycogen by the liver. (2). A glycosuria due to the overproduction of glucose out of the hepatic glycogen. (3). A glycosuria due to the

fact that through vasomotor influences the glucose passes through the liver too rapidly to permit its conversion into glycogen. (4). A glycosuria due to a defective oxidation of glucose. For such deficient oxidation, derangement of the function of the pancreas may be responsible, either by disease or by interference exerted by deranged suprarenal function. (5). There remains, however, another source of glycosuria which adds greatly to the complexity of the problem, and is the indication of the most intractable stage of the disease diabetes mellitus, viz.: Glycosuria arising from the disruption of proteid, with the liberation of glucose. This is seen in the last stages of the disease, when even a pure proteid diet is attended with free excretion of glucose by the urine, at this stage even the fixed proteids of the tissues yield to the inexorable demands of economy or the glucose for the needs which it is still unable to supply because of defective catabolism, and what is really a starvation results, with rapid emaciation, great debility and death as its terminal event, unless this is precipitated earlier by the acid toxines, acetone, diacetic and oxybutyric acids, which follows in the wake of defective glycolysis. He states that it is too early to formulate accurately our plan of treatment, based on the above conceptions, but if our present ideas are correct, our search must be directed more than it has been in the past to measures that aid oxidation.—*Philadelphia Medical Journal*.

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## DEPARTMENT OF SURGERY, GYNAECOLOGY AND OBSTETRICS.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

REPEATED ABORTIONS AND PREMATURE STILL-BIRTHS.—On the ground that these accidents are most often due to one of three causes Richard Lomer (*Zeitschr. für Geb. und Gyn.*, Bd. xlv., H. 2) employs prolonged treatment during pregnancy, with potassium iodide combined with iron. Used in 22 cases, failure was noted in only one. The action, he thinks, may be attributed to prevention by the iodide of hemorrhages from rupture of vessels in the placenta. As chronic anemia is constantly found in these cases, he regards the use of iron as extremely important.—*New Albany Med. Herald*.



TRIPLE ECTOPIC GESTATION.—Wilmer Krusen communicated to the Philadelphia County Medical Society a remarkable case of ruptured tubal pregnancy with three fetuses in the second month. The only similar case he can find was reported by Sanger (*Centralbl.*, 1893), and was a twin interstitial pregnancy with a third ovum at the fimbriated end of the same tube, but Krusen's case was a true triple tubal gestation, the course of the uterus not being involved.—*New Albany Med. Herald*.

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TO PREVENT PERITONEAL ADHESIONS FOLLOWING INTRA-ABDOMINAL OPERATIONS.—Dr. Robert T. Morris of New York, reports success from the use of sterilized peritoneum of the ox in preventing the reformation of adhesions within the abdomen after their separation. Raw surfaces are covered by the membrane which adheres closely and, it is claimed, effectually prevents adhesions. If further experience demonstrates its effectiveness its field of usefulness will be great. Not only in abdominal work, but in tendon, muscle, nerve and brain surgery there is great need of something that will accomplish what it is claimed the sterilized peritoneum of the ox will accomplish. We regret that we do not know to whom is due the credit of first using it.

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ENTRANCE OF AIR INTO THE VEINS.—H. A. Hare, in *American Journal of the Medical Sciences*, concludes as follows, commenting on Goodridge's article on the same subject in the September number: "I do not doubt that such a quantity of air as eight hundred cubic centimetres, or nearly a quart, would produce a disastrous effect if it found entrance to the jugular vein of a man, and I do not deny that much smaller amounts may cause alarming symptoms, or even death. My claim is—and it is supported by the exhaustive experiments of Senn and myself my personal experience with air embolism in man, and by Goodridge's own observation—that even a large air embolus is not as fatal as a small air embolus has been thought to be and that the danger of the occurrence of air embolism is very light. As was proved by Senn's researches, it is useless to conclude from massive injections in dogs that small ones in man are deadly.

Finally, it is not to be forgotten that in all probability different resistance to air embolism exists in different animals. Rabbits and

monkeys are very susceptible, whereas dogs and goats are extraordinarily immune."

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DEATH FROM USE OF X-RAY.—Maurice Rubel, M. D., of Johns Hopkins Hospital, reports in detail (Jour. A. M. A., Nov. 22, 1902), the history of a case in which death followed, and was probably caused by the use of the X-Ray. Two exposures were made on the same day, each exposure lasting twenty minutes. A Led's coil was used—spark 3 in.—and tube was 16 in. from the plate and 6 inches from the abdominal wall. Dermatitis followed in four days and persisted in spite of all efforts to the contrary, including skin grafting, until the patient died, four months after use of the rays. The ulcerated area was extremely sensitive and very painful. For quite a distance about the ulcer the skin was dark brown in color, thick and brawny. The patient was very nervous and presented on several occasions symptoms of melancholia. Obstinate constipation was also a feature of the case. No postmortem was allowed, but the author regards the X-Ray exposure as the cause of death. Three other cases are reported, but the incompleteness of the reports makes it uncertain whether the rays caused the deaths or not. However, in two death was attributed to the rays by the doctors and in one there was a difference of opinion. In all the cases the skin ulcerated and in one the mind became unbalanced.

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## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

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IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio,  
Professor of Ophthalmology in the Fort Wayne College  
of Medicine, Fort Wayne, Indiana.

FOLLICULAR TONSILITIS.—Dr. G. W. Robinson, in the *Colorado Medical Journal*, advocates the use of a mixture containing equal parts of tincture of chloride of iron, chlorate of potassium and glycerine as an application for the relief of follicular tonsilitis. Salol and acetanilid in fair doses are also given to relieve pain, fever, and prevent further inflammatory action. A history of repeated attacks of tonsilitis indicates a condition of hypertrophy which after subsi-



dence of acute symptoms demands surgical attention. The removal of a large portion of the tonsil with a tonsilotome gives best results.

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RETINOSCOPY NOT TRUSTWORTHY.—In the *Journal of the American Medical Association* of Nov. 15th, Dr. A. B. Hale, of Chicago, calls to task the well-known ophthalmologist and editor of *American Medicine*, Dr. Geo. M. Gould, of Philadelphia, for a statement tending to discredit European ophthalmologists in a knowledge of the accurate use and practice of retinoscopy. Dr. Hale says that he has recently had the pleasuer of a rather extensive tour through some of the best German University hospitals and in nearly every chnic saw retinoscoyp practiced as a routine method and instruction given students by competent assistants in refraction with with this method as a guide. Replying to Dr. Hale's criticism Dr. Gould gives the following opinion:

1. The best method of retinoscopy, when carried out by the most expert, is not trustworthy when subjective methods are possible with intelligent people.

2. No method of retinoscopy is accurate, not even the best one, except under cycloplegia. The Germans do not use cycloplegia.

3. The only use of retinoscopy advocated in my paper was for children. The Germans do not refract little children of from 2 to 6 years.

4. The great value of refraction is to diagnose and correct astigmatism. The Germans do not diagnose, correct or care for a stigmatism, at least in those minor degrees, which produce the greatest eye strain.

5. The method of retinoscopy used by the Germans is the old-fashioned one of Cuignet, which is utterly inaccurate and untrustworthy. The new method of Thorington, Jackson and other Philadelphia oculists is unknown, and their books untranslated in German.

6. It is not a question of "discourtesy" or "belittling." It is simply one of accuracy in statements. Mine were, and remain, absolutely true.

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THE BEST MEANS OF REMOVING NASAL OBSTRUCTIONS.—In an article upon this subject in the September *Laryngoscope*, Dr. J. W. Murphy reports that for several years his method of reducing hy-

pertrophied conditions in the nasal cavities has consisted in the removal of the pendulous or redundant portion with saw and scissors. He argues that with clean nasal surgery there is less destruction of the mucous membrane, and far better and quicker results secured than by any other treatment. He considers it of the utmost importance that the saw and scissors be of the right size and form. The saw must have a firm handle but very narrow flexible blade. The teeth of the saw should be without setting, so as to cut on the forward and backward stroke and to give the best results should be sharpened after each operation. The scissors should have bent handles and be sufficiently strong to resist the tendency to spreading caused by cartilage and small pieces of bone. The blades should be as narrow as possible consistent with strength, and should cut at the very tip when properly sharpened. The operation consists in the removal of a small portion of the under edge of the inferior turbinated bone. To accomplish this result the saw is placed under the pendulous portion, with the teeth practically at right angles with the line of the septum. The overhanging portion of the turbinate is then quickly and smoothly remove all soft parts being neatly trimmed with the scissors, due care being observed to prevent wounding of the mucous membrane above the line of the incision. The after treatment consists in keeping the parts thoroughly clean, a plug of cotton or sterilized gauze usually being all that is necessary to control the hemorrhage. The removal of the pendulous portion gives ample breathing space, and the resulting scar produces sufficient contraction to maintain the opening made.

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TOO STRONG NASAL SOLUTIONS—Most text-books and many teachers recommend too strong solutions for use in the nose, and the directions accompanying many already prepared solutions in the market, promote the same error. It is safe to say that any solution which causes the slightest smarting or irritation of any kind within the nose is too strong for use as a nasal cleansing solution.—*Ex.*



## BOOK REVIEWS.

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UVEITIS.—Symposium of papers read before the Ophthamological Section of the American Medical Association, at the annual meeting; Saratoga, N. Y., June, 1902. Chicago; American Medical Association Press. 1902.

This little book contains the papers of Drs. DeSchweinitz, Woods, Friedenwald, Hansell, Wilder, Woodruff and Marple. Together they offer the latest and most approved information regarding the etiology, pathology and treatment of one of the severer types of eye diseases. The articles must be read to be appreciated, and while they can be found in the *Journal of the American Medical Association* of different dates yet to the ophthamologist the bound volume will prove very acceptable and much easier of preservation.

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THE PHYSICIANS VISITING LIST FOR 1903.—Morrocco binding; price, \$1.00; Philadelphia; P. Blakiston's Son & Co., 1012 Walnut St.

The popularity of the Lindsay & Blakiston's Physicians' List is attested by the fact that with 1903 the book enters its 52nd year of publication. No physician in general practice can afford to be without a pocket memorandum book for recording the names of patients, calls, appointments, charges, credits and other special information. Nothing answers the purpose so well or is so complete in every detail as the little handsomely bound book issued from the Blakiston press. In addition to many valuable features, such as pages on incompatibility and immediate treatment of poison, the usual dose tables, metric system, etc., appear as usual.

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AROUND THE CAPITAL WITH UNCLE HANK.—By Thomas Fleming, author of "Around the Pan," etc., etc. 1902. 316 pages; cloth; price \$2.00. Published by the Nutshell Publishing Co., New York.

This book is a worthy companion of "Around the Pan," by the

same author, which has been read and thoroughly enjoyed by thousands of people who attended the Pan-American exposition, and who could thoroughly appreciate the incidences and descriptions pertaining to the exposition so humorously told by "Uncle Hank." The title of the book, "Around the Capitol," is a terse description of the book before us, as the author has confined himself to scenes and incidents in the city of Washington. One of the great features of the book are the pen and ink sketches, of which there are several hundred. While the book is intended and is humorous throughout, yet the author has not lost sight of the instructive side, and the reader can gain much valuable information in reading the book in addition to being thoroughly amused. A. E. B.

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THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS.—Comprising ten volumes on the year's progress in medicine and surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School Volume I. General Medicine, edited by Frank Billings, M. S., M. D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. October, 1902. Chicago. The Year Book Publishers, 40 Dearborn Street.

This serial publication starts upon its second year much improved in every respect. The selection of paper and binding for the first year was not at all pleasing, but the most fastidious cannot reasonably complain of the make-up of the present volume. The binding, paper and type are all up to an excellent standard and compare favorably with any other publications of this class.

The present volume is edited by Dr. Frank Billings and Dr. J. H. Salisbury and includes the respiratory and circulatory organs, the blood and blood making organs, general infectious diseases, metabolic diseases, diseases of the ductless glands and diseases of the kidneys with some miscellaneous articles upon osteomalacia, osteitis deformans, caisson disease and morphin poisoning. The subject of general medicine is divided by the editors into two volumes, the remaining volume being issued sometime during the middle of the year. It will be noticed that to a certain extent the selection of topics is made with reference to the seasons of the year when the



volume is issued, such topics as dysentery, intestinal derangements being reserved for the volume issued in the spring.

Considerable space is devoted properly to the subject of tuberculosis. The first thing that catches the eye is the series of questions by Professor Admi, whom we find holds views opposite to those of Koch on the transmission of bovine tuberculosis to man. He says positively that it may be transmitted to man either through wounds or the digestive tract. This is certainly the safer view, and it is fortunate that a man of Adami's high standing has expressed himself so forcibly on this question. The world wide reputation of Koch gave to his opinion a credence which many of us, the writer included, believes that the years will not justify.

The treatment of tuberculosis continues, as it most always does, to occupy a large share of attention. One writer makes an important point that the treatment of the patient should be individual and drugs used only when positively demanded, and further that care without climate is better than climate without care.

The early diagnosis of tuberculosis is the most crying demand of the hour as the efficiency of therapeutics depend principally upon this point. Tuberculin is very generally indorsed, the editor remarking that "the majority of good men do not look upon tuberculin when properly used as a dangerous agent." Dr. C. M. Wood, in 250 cases in which tuberculin was used, did not find a single unfavorable incident or a single case in which a diagnostic dose accelerated an active process or lighted up quiescent ones. This view corresponds precisely with those held by the writer. It is, of course, worse than folly to use tuberculin where the diagnosis can be made without it. It is only serviceable as a diagnostic aid in the very early stage before the clinical picture is decisive, and even sometimes before it is strongly suggestive.

Space will not permit of detailed discussion of other sections, but the reader will not turn in vain to any one of them to find a judicious resume of the latest and best utterances upon the various subjects discussed.

G. W. M.

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SYPHILIS; A SYMPOSIUM.—Special contributions by L. Duncan Bulkley, A. M., M. D., Follen Cabot, M. D., Louis A. Dubring, M. D., Prof. Fournier, M. D., Eugene Fuller, M. D., E. B. Gleason, M. D., William S. Gottheil, M. D., Robert H. Greene, A.

M., M. D., Norman B. Gwyn, M. D., Orville Horwitz, M. D., Edward L. Keys, M. D., G. Frank Lydston, M. D., D. J. McCarthy, M. D., Thomas C. Morton, M. D., Boardman Reed, M. D., A. Robin, M. D., and J. D. Thomas, M. D. E. B. Treat & Co., 241—243 West 23d Street, New York. 1902.

The importance of syphilis throughout the civilized world makes everything dealing with this subject of more than ordinary interest. This little brochure contains special chapters on different topics in syphilology by 17 writers, mostly American, and presents the subject in a condensed form and in the light of the very latest investigations. The etiology of syphilis, unrecognized chancre, syphilitic infections of the bronchi, lungs and pleura syphilis of the stomach, the diagnosis and management of syphilis, and the treatment of syphilis are titles to indicate the general scope of the work. Each one of these and a number of other topics are discussed by Professor Fournier of France, and Drs. Robin, Bulkley, Durbing, Keyes, and a number of other American observers of wide reputation.

The small price of the book, one dollar, makes it within the easy reach of everyone, and all who purchase it will find that it will amply repay careful perusal.

G. W. M.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY.—By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois; etc. Third edition, thoroughly revised. Philadelphia. W. B. Saunders & Company, 1900.

In these days of many books, when a work reaches the third edition in three years, it has had the practical endorsement of the medical profession, and is, to a large extent, independent of reviewers. The previous editions have been favorably reviewed in this magazine and it is only necessary to say that the present one is an improvement over its predecessors. It is an actual revision and numerous important changes have been made to bring the work up to the present standard, and make it what it certainly is, a very convenient and reliable guide to the general practitioner.

The mechanical execution of the book is most commendable as is usually the case with volumes issued by this energetic and up to date publishing company. It is again cordially commended to the medical profession.

G. W. M.



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# Fort Wayne Medical Journal-Magazine

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